

GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (PROFESSIONAL CONDUCT)

Monday, 12 February 2007

Regent's Place, 350 Euston Road, London NW1 3JN

Chairman: Mr Richard Kyle

Panel Members:

Ms Joy Julien
Dr Ronald MacWalter
Dr Sheila Willatts

Legal Assessor: Mr Michael Seed QC

CASE OF:

EDEN, Julian Christopher Paul

(DAY ONE)

MR DAFYDD ENOCH, instructed by Field Fisher Waterhouse, solicitors, appeared on behalf of the General Medical Council.

MR ALAN JENKINS, instructed by RadcliffesLeBrasseur, solicitors, appeared on behalf of Dr Eden, who was present.

(Transcript of the shorthand notes of T. A. Reed & Co.
Tel No: 01992 465900)

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- A THE CHAIRMAN: Good morning. Before I identify the doctor, may I inquire as to whether there are any preliminary legal arguments?
- MR ENOCH: There are no preliminary legal arguments but there are some amendments to the heads of charge. They are entirely non-controversial, but perhaps I could take you through those now. I have put your Secretary on notice of the nature of them and Mr Jenkins knows all about them.
- B May I start with head of charge 10 and following which deal with the named patient. He has indicated, relatively late in the day, that he would wish to be anonymised. I do not think there is any objection to that. Therefore, can I ask you, wherever you see his name, which is in heads of charge 10, 12 (a), (b), (c), (d), (e), (f), (i), (j) (k), (l) and (o), to cross his name out and simply put Patient X?
- C MR JENKINS: There is no objection.
- THE CHAIRMAN: We will indeed call the person who is currently named in head of charge 10 – and obviously it will be read out in a moment – Patient X. For the representatives of the press present, you may already have a copy of the heads of charge. I would ask you to respect this and the way it is being put forward.
- D MR ENOCH: There are other matters. This is a different sort of thing. It is re-numbering really because there has been an oversight in the rejigging of the paragraph numbers. Can I ask you to look at your paragraph 19, which currently reads: “Your conduct as set out in paragraphs 11 and 14....” It should read: “Your conduct as set out in paragraphs 15(b)(c) and (d) and 18....”
- E The next one is a similar sort of thing. Your paragraph 22: “Your omissions as set out in paragraph 21 (a) to (e)” and cross out “17”.
- Then, moving on to your paragraph 36: “Your conduct as set out in paragraphs 33, 34 and 35” and cross out “29 to 31” if you would be so kind.
- Finally paragraph 41: “Your conduct as set out in paragraphs 39 and 40....”
- F I apologise for that. Sometimes paragraphs are re-numbered and one forgets to read in the internal numbering. I hope that now makes a lot more sense than it did before. I know that Mr Jenkins will have anticipated that, and in fact did anticipate that and pointed it out to me, for which I am grateful.
- MR JENKINS: Sir, can I indicate that there is obviously no objection to those amendments. You kindly allowed us 10 minutes from 9.30, which is the time that we spend sorting this out.
- G THE CHAIRMAN: Let me confirm those to allow the Secretary a chance to double-check. Head of charge 10 and then through to 12 (o): the name in head of charge 10 is amended to read “Patient X” and on every subsequent occasion in the following paragraphs.
- Head of charge 19 should read: “Your conduct as set out in paragraphs 15 (b), (c) and (d) and 18”. Over the page, head 22 reads now: “Your omissions as set out in paragraphs 21(a)
- H

A to (e)". Over the page at 36: "Your conduct as set out in paragraphs 33, 34 and 35..."
Lastly, over the page, paragraph 41: "You conduct as set out in paragraphs 39 and 40..."

B There is one other, and I have not consulted any of you but I notice on my own page here, at the top of page 5 at head 16, just to be absolutely clear. It currently reads: "At approximately 16:00 Patient A..." Just for clarity: "At approximately 16:00 on 27 August 2004" I am sure is the date that is meant there. Could we put that in as well – 27 August 2004?

Are there any preliminary legal arguments from your side, Mr Jenkins?

MR JENKINS: Sir, no.

C THE CHAIRMAN: Doctor, could I ask you to stand and confirm your name and your registration number?

DR EDEN: Dr Julian Eden and my registration number is 3294013.

D THE CHAIRMAN: Thank you. I will not ask you to stand during the reading of the heads of charge because they are fairly lengthy and anybody who wants to identify you has now done so because you have stood at that particular point. I will ask the Secretary to read the allegation and the alleged facts.

THE COMMITTEE SECRETARY: The Panel will inquire into the following allegation against, Julian Christopher Paul Eden, MB BS 1988 Lond;

"That being registered under the Medical Act 1983,

- E
1. At all material times you were a registered medical practitioner;
 2. At all material times you were the Medical Director of e-med.co.uk (e-med), a web site offering on line private medical services;
 3. On 3 September 2002 Mrs Fiona Hutson registered with e-med;
 4. She completed an on line questionnaire in which she indicated that,
 - F (a) She was suffering from back pain and chronic sciatica,
 - (b) She was having difficulty sleeping and her mother was terminally ill;
 5. Based on the information contained in this questionnaire you prescribed dihydrocodeine and diazepam to Mrs Hutson;
 6. (a) You did not examine her,
 - G (b) You failed to take an adequate history from her,
 - H (c) You failed to carry out an adequate assessment of her condition,

- A (d) You did not ask her whether her GP had considered alternative medication of the type proposed by you,
- (e) You did not seek to contact her GP either before or after the prescription,
- B (f) You did not ask her if she wished for her GP to be contacted,
- (g) You did not advise her that she should inform her GP of the medication prescribed,
- (h) You did not put yourself in a position to adequately judge whether she was misleading you,
- C (i) You therefore put the patient at risk;
7. Thereafter for approximately one year you prescribed on line repeat prescriptions for dihydrocodeine and diazepam to Mrs Hutson approximately monthly;
- D 8. (a) You carried out no adequate review of her condition when repeat prescribing,
- (b) You did not seek to contact her GP during the period of repeat prescribing;
9. Your conduct as set out in paragraphs 4 to 8 was,
- E (a) Inappropriate,
- (b) Irresponsible,
- (c) Not in the best interests of the patient;
- F 10. In or around July 2003 Patient X registered with e-med;
11. He told you,
- (a) That he was not registered with a general practitioner,
- (b) That he was suffering from insomnia and back pain;
- G 12. (a) Between August 2003 and October 2005 you issued a number of prescriptions for zolpidem and zopiclone to Patient X,
- (b) You failed adequately to assess Patient X's condition prior to commencing the prescriptions,
- H (c) Between the above dates you issued a total of 43 prescriptions for a month's supply of zolpidem for Patient X,

A

(d) Between the same dates you issued eight prescriptions for a month's supply of zopiclone for Patient ,

(e) You suggested to Patient X that he order his prescriptions a week in advance,

B

(f) On a number of occasions Patient X telephoned you and told you that his prescription had been lost in the post,

(g) At his request you provided him with a replacement prescription,

(h) You failed to check whether the prescription said to have been lost had been dispensed,

C

(i) You failed adequately or at all to investigate the genuineness of Patient X's claims that he had lost scripts,

(j) You met Patient X for the first time in or around June 2005 at your premises in London,

D

(k) You failed adequately to review Patient X's condition at that consultation,

(l) At no stage did you ask Patient X if he had registered with a general practitioner since initial registration,

E

(m) At no stage did you recommend that he register with a general practitioner,

(n) You failed during the course of your prescribing for this patient adequately to monitor his condition,

(o) You failed prior to June 2005 to arrange a face to face consultation with Patient X;

F

13. Your prescribing in relation to this patient was,

(a) Excessive,

(b) Irresponsible,

G

(c) Not in the best interests of the patient;

14. On 27 August 2004 at 11:56 Patient A sent an e-mail to e-med in which he indicated that,

(a.) He was suffering from very intense anxiety states and panic attacks,

H

- A (b) He was interested in obtaining benzodiazepine medication without having to see a doctor face to face,
- (c) He was in crisis and felt that he needed medication urgently;
15. You responded by e-mail and,
- B (a) Indicated that a face to face consultation would be necessary before prescribing a benzodiazepine for the first time,
- (b) Indicated that if he were to join e-med he could be prescribed propranolol for immediate use against anxiety,
- C (c) Made no inquiry as to the patient's age,
- (d) Made no inquiry as to the patient's history or condition;
16. At approximately 16:00 on 27 August 2004 Patient A registered with e-med, paid the annual joining fee and sent a completed e-med questionnaire. In the questionnaire he indicated that,
- D (a) He was 16 years old,
- (b) He was claiming incapacity benefit having obtained a sick note for acute anxiety state,
- (c) He did not wish his GP to be contacted,
- E (d) Both his parents had a history of depression,
- (e) He may have "borderline personality disorder",
- (f) He had a lot of mental health difficulties,
- F (g) He was suffering from insomnia and panic attacks,
- (h) He would on occasion self harm,
- (i) He was being treated weekly by the child and adolescent mental health service as an out patient,
- G (j) He had had in patient psychiatric treatment,
- (k) He had a history of allergy;
17. Patient A sent an e-mail to e-med at 16:22 on 27 August 2004 in which he further indicated that,
- H (a) He was a regular smoker of cannabis,

A

- (b) He was suffering from confusion and intense anxiety,
- (c) He needed some medication urgently;

18. You responded by e-mail at 20:50 on 27 August 2004. In that e-mail you indicated that you had prescribed propranolol 40 mg, three times a day, 60 in total, and that the prescription had been e-mailed to the pharmacy. In that e-mail you,

B

- (a) Made no further enquiry about the patient's condition or history,
- (b) Made no attempt to find out more about the treatment he was receiving, in particular whether medication of the type he was seeking or the type you were prescribing had ever been considered by his treating doctors,

C

- (c) Did not advise the patient that you should inform his GP or specialists of any proposed treatment,

- (d) Did not offer to speak to any of his carers on his behalf,

- (e) Did not advise the patient that he would need to see a doctor face to face before any prescription could be given,

D

- (f) Failed to consider the history of allergy as a contraindication associated with propranolol;

19. Your conduct as set out in paragraphs 15 (b), (c) and (d) and 18 was,

E

- (a) Inappropriate,
- (b) Irresponsible,
- (c) Not in the best interests of the patient;

20. Patient A sent a further e-mail on 28 August 2004 to e-med in which he further indicated that,

F

- (a) He had started to self harm at the age of 13,
- (b) At the age of 13 he had attempted suicide by taking an overdose, following which he had been a psychiatric inpatient between the ages of 14 and 15,

G

- (c) He continued to have suicidal thoughts,

- (d) He thought it would be helpful for him to have a face to face consultation with you,

- (e) His treating doctors from the child and adolescent mental health service would not give him any medication and he hated them because of that;

H

- A 21. You responded by e-mail in which you invited the patient to arrange a face to face consultation. In that e-mail you did not,
- (a) Make any attempt to seek the patient's permission to contact either his GP or his treating doctors so that you could advise them of the prescription which you had instigated,
 - B (b) Advise the patient to tell his doctors that he had been prescribed Propranolol by you,
 - (c) Counsel the patient against any misuse of the drugs which you had prescribed him,
 - C (d) Advise that he should not take the medication you had prescribed in the light of the information you had,
 - (e) Offer to speak to his carers on his behalf;
22. Your omissions as set out in paragraphs 21 (a) to (e) were,
- D (a) Inappropriate,
 - (b) Irresponsible,
 - (c) Not in the best interests of the patient;
- E 23. Patient A emailed you further on 5, 19, 20 and 23 September 2004 and sought various alternative medications which you indicated you were not prepared to prescribe without a face to face consultation;
24. On 29 September 2004, the patient sought a repeat prescription of propranolol;
25. On 30 September 2004, you confirmed the repeat prescription for propranolol;
- F 26. The issuing of a repeat prescription was in the circumstances,
- (a) Inappropriate,
 - (b) Irresponsible,
 - (c) Not in the best interests of the patient;
- G 27. On 6 October Patient A's treating psychiatrist reported that patient A had taken six tablets of Propranolol in over dosage;
28. In September 2003 you were providing medical services to menscare.co.uk, a web site offering on line medical services;
- H 29. On 19 September 2003, Oliver Harvey, a journalist working for the Sun Newspaper, sought to buy some Reductil from menscare.co.uk;

A

30. He filled out a questionnaire in which he indicated that his weight was 150lbs and his height 5ft 11 inches;

31. The medication was refused on the basis that his body mass index was too low;

B

32. On 22 September Mr Harvey filled in the questionnaire again but recorded his weight as 18 stones;

33. On the basis of the information in the questionnaire you prescribed 28 Reductil 10mg tablets to Oliver Harvey;

C

34. You did not,

(a) Seek a face to face consultation with him,

(b) Examine him,

(c) Take an adequate history from him,

D

(d) Take his blood pressure,

(e) Weigh him,

(f) Advise him adequately regarding diet and exercise,

E

(g) Seek to advise his GP of the medication you were prescribing,

(h) Advise him adequately regarding the possible side effects of the medication,

(i) Make adequate arrangements for the monitoring of Mr Harvey's condition following the prescription;

F

35. You failed to take into consideration the form submitted on 19 September 2003 by Mr Harvey;

36. Your conduct as set out in paragraphs 29 to 31 was,

(a) Inappropriate,

G

(b) Irresponsible,

(c) Not in the best interests of the patient;

37. On 3 March 2003 you were providing medical services to uk-clinic.co.uk, a web site offering on line medical services;

H

A 38. On 3 March 2003, a journalist working for the Independent on Sunday newspaper accessed uk-clinic.co.uk and filled in an on line questionnaire with a view to purchasing erectile dysfunction medication;

39. You authorized the prescription of the medication within approximately two minutes of the sending of the questionnaire;

B 40. You did not,

(a) Examine the person seeking the medication,

(b) Take an adequate history from him,

C (c) Seek any information outside that which was contained in the questionnaire,

(d) Consider the contents of the questionnaire sufficiently carefully or at all,

(e) Seek to establish possible psychological causes for the dysfunction referred to in the questionnaire,

D (f) Advise him that he should speak to his GP,

(g) Seek his permission to contact his GP;

41. Your conduct as set out in paragraphs 35 and 36 was,

E (a) Inappropriate,

(b) Irresponsible,

(c) Not in the best interests of the patient;

F And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.”

THE CHAIRMAN: Before you rise, Mr Jenkins, can I just go back to head 29 please? Mr Enoch, to just be clear, should that read in there “Reductil from menscare”? It reads “mensacare” at the moment at the end of that head of charge. I presume it should also read “menscare.”

MR ENOCH: Yes, it is clearly a typo.

G THE CHAIRMAN: Thank you, so head 29 concludes with “Reductil from menscare.” Thank you very much. Mr Jenkins?

MR JENKINS: Sir, I make it 124 separate allegations, much of it a factual rehearsal, obviously, but the vast majority are admitted. Can I start with those that are not admitted, so that we do the exercise both ways, as it were?

H The first ones that are not admitted are on page 4 and they are head 12(k) and (n). Turning on two pages, if you would please, to head 19 at page 6, 19(b) and (c) are not admitted. Over the page if you

A would please, head 22(b) and (c) are not admitted. Head 26(b) and (c) are not admitted. At page 8, head 36(c) is not admitted, and to the end of the document, page 9, head 41(a), (b) and (c) are not admitted. I am going to take you through the whole lot if I may, just to make sure that I have indicated that every other one is admitted.

Going back to page 2 of the document, head 1, 2 and 3 are admitted; heads 4(a) and (b) are admitted; head 5 is admitted; head 6(a) to (i) inclusive is admitted; head 7 is admitted; head 8(a) and (b) are admitted; head 9(a) to (e) is admitted.

B THE CHAIRMAN: Head 9(a) to (c)?

MR JENKINS: (a) to (c), I am sorry. That is admitted, and head 10 is admitted. Head 11(a) and (b) are admitted; head 12(a), (b), (c), (d), (e), (f), (g) (h), (i), (j) are admitted, (l) and (m) are admitted, and 12(o).

C THE CHAIRMAN: Can we just clear, is that “m” for “mother” or “n” for “November”?

MR JENKINS: “m” for “mother.”

THE CHAIRMAN: You have already said that was not admitted.

MR JENKINS: “(n)” was not admitted. I am sorry, “(n)” for “November” is not admitted.

D THE CHAIRMAN: And head (o)?

MR JENKINS: Head (o) is admitted. Just to recap, head 12(k) and (n), “kilo” and “November” are the ones that are not admitted.

THE CHAIRMAN: “Kilo” and “November” are not admitted.

E MR JENKINS: That is right; all the others are. Head 13(a) to (c) is admitted. Head 14(a) to (c) is admitted; head 15(a) to (d) is admitted; head 16(a) to (k) is admitted; head 17(a) to (c) is admitted; head 18(a) to (f) is admitted; head 19(a) is admitted. I have indicated already that head 19(b) and (c) are not admitted. Head 20(a) to (e) is admitted; head 21(a) to (e) inclusive is admitted; head 22(a) is admitted, and I have indicated already that head 22(b) and (c) are not admitted. Head 23 is admitted, as is head 24 and 25. Head 26(a) is admitted; head 26(b) and (c) you should have marked are not admitted. Heads 27, 28, 29 and 30, 31, 32 and 33 are all admitted; head 34(a) to (i) inclusive are admitted; head 35 is admitted; head 36(a) and (b) are admitted, and I have indicated that head 36(c) is not admitted. Head 37, 38 and 39 are admitted; head 40(a) to (g) are admitted, and head 41 you should have marked in its entirety is not admitted. I think that is the lot.

F MR ENOCH: Sir, can I just rise to ask Mr Jenkins to consider something while we are confirming this? If I were to insert the word “notional” before the word “patient” in head 36(c) I wonder whether that would cause him to reconsider his position. I do not know, but if it is the use of the word “patient” in circumstances where it was a journalist that is causing the difficulty then I am sure that we need not, as it were, take up the Panel’s time with that. I mention that now for Mr Jenkins’s consideration.

G MR JENKINS: I am not tempted at this stage. I have admitted head 36(a) and (b); I think that suffices. If Mr Enoch wants to apply to amend obviously you will hear his application.

H MR ENOCH: I will discuss it further with Mr Jenkins and perhaps he and I between us can identify what the issue is and we will take appropriate action. I thought I had, but I will leave it on the side for the moment.

A THE CHAIRMAN: There is plenty of time in the future to address that particular point. At this stage, for the record, the following heads of charge therefore have been admitted and are found proved: Head 1; head 2; head 3; head 4 in its entirety; head 5; head 6 in its entirety; head 7; head 8 in its entirety; head 9 in its entirety; head 10; head 11 in its entirety; head 12 and the following sub-heads of head 12; (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (l), (m), (o); head 13 in its entirety; head 14 in its entirety; head 15 in its entirety; head 16 in its entirety; head 17 in its entirety; head 18 in its entirety; head 19(a); head 20 in its entirety; head 21 in its entirety; head 22(a); head 23; head 24; head 25; head 26(a); head 27; head 28; head 29; head 30; head 31; head 32; head 33; head 34 in its entirety; head 35; head 36(a) and head 36(b); head 37; head 38; head 39 and head 40 in its entirety. All of those have been admitted and are found proved.

B DR WILLATTS: Chairman, it may be only a minor matter, but as we have so many now admitted I wonder whether we should just correct the spelling in heads 24 and 25, where we have spelt “propanolol” wrongly, but have managed to get it right subsequently. It should be “propanolol” not “propanalol.” That is in heads 24 and 25.

C THE CHAIRMAN: Head 24 and 25, the spelling of “propanolol”, so it should now be spelt “p-r-o-p-a-n-o-l-o-l.”

MR ENOCH: Yes, I am most grateful for that being pointed out. It should read, obviously, consistently.

D Sir, those amendments then having been made, and bearing in mind the very extensive admissions that we have just heard about, can I proceed, please, to opening this matter, relatively briefly in the circumstances.

E Using the internet as an adult in today’s society, I am sure we would all agree, brings with it many responsibilities. One of the principal responsibilities must surely be to avoid abuse in all its forms to avoid taking advantage of others. Of course, many people do not give a second thought to the question of responsibility in this context. However, when a professional person uses the internet to ply a trade, and in so doing takes money from people electronically, he opens the door, does he not, on to a further room full of responsibilities? When that professional is a doctor who advertises himself extensively as able and willing to give medical advice and treatment over the internet, then the Panel members may think that it is difficult to imagine a situation which requires more careful regard to one’s responsibilities.

F Dr Eden at the material times was working as a general practitioner, who had developed a practice of consulting with patients over the internet. He worked principally through his own website, which is called e-med. Potential patients would have to sign up for his services by filling in a basic questionnaire on-line and paying an annual fee, by credit card usually. Dr Eden would then consider the patient’s problem and would e-mail back, sometimes providing a prescription. Repeat prescriptions could often thereafter be obtained from the website with no further meaningful communication between doctor and patient at all. Examples of this will emerge in this case.

G The nature of a relationship between doctor and patient, particularly in the GP context, is complex, is it not? Of course, and I have no doubt this will be emphasised, trust is crucial, but trust, particularly from doctor to patient, must not be blind trust, or trust irresponsibly placed. The doctor is there, is he not, to use his skills to ascertain the nature of the patient’s problem, if he has one at all, and to treat it appropriately if possible? It is not and should not be like going into a shop and saying, “This is what is wrong with me. Can I have that pill, please?”

H

A There is no substitute, we say, for face to face consultation in which a doctor can do the following things: firstly, see the patient. Well, what can that achieve, seeing the patient? Well, for a start it can confirm the age of the patient, which is a matter that raises its head in this case. It can confirm the sex of the patient, the superficial physical state of the patient, as well as the overt mental state of the patient.

B Secondly, in a face to face consultation you can examine the patient, the cornerstone, we say, of any consultation of this type, particularly and crucially if prescribing is being considered. Almost every presenting medical problem requires examination, which can reveal that the problem is not as bad as the patient thinks, much worse than the patient thinks, or is completely different from that which the patient thought was wrong.

C The third thing that can be done in a face to face consultation is to question the patient to see what his or her immediate responses are to inquiry about their condition. Oral dialogue face to face in this context is irreplaceable.

D In this case you will hear that Dr Eden was consulted by several highly vulnerable patients, each with diverse problems. The striking feature of each case was the complete lack of any detailed appropriate questioning, the lack of any face to face consultation, the lack of any physical examination, and the wholly irresponsible prescribing of powerful prescription medicine, sometimes over an extended period, to patients who simply should never have had it, to patients who saw an easy way to bypass proper medical investigation in order to obtain drugs they wanted. Dr Eden readily gave them what they wanted, of course at a price, but while his pockets were being lined the patient was being drawn into dependency and abuse.

E Fiona Hutson is a patient whose treatment at the hands of Dr Eden forms the subject matter of heads of charge 3 to 9. In September 2002 she was specifically looking to obtain medication on-line. She had been under stress, her mother was very ill, and she had a longstanding problem with back pain. She had a general practitioner, a Dr Cowan, who usually prescribed her dihydrocodeine, although she had been prescribed also occasional short courses of diazepam.

F She had developed dependency previously to sleeping tablets. Her general practitioner was particularly wary of over-prescribing to her. He will tell you that she had become dependent on dihydrocodeine and that he carefully monitored her intake of analgesics because she tended to abuse them. In other words, here was a lady who knew perfectly well she could not get more than a limited dose of analgesics from her GP, and so she went looking around for an easy touch and she found it. As she puts it, she wanted to get more diazepam, which she knew her GP would not give her, and she puts it this way: because she wanted to escape the real world; she liked the feeling of not being there, which the drugs gave her when she took them.

G So, across the e-med website she came. She filled in the joining form, in which interestingly in this case there is no mention of a general practitioner, no request for details, enquiry as to whether the patient minds her general practitioner being informed, nothing as to whether she has a general practitioner, and, if so, why she is not consulting him.

H Let us pause and consider the scenario. It was clear from the questionnaire that she did fill in that she had several relatively young children - they are growing up now, but she had three

A kids. It is almost certain, is it not, that this was a lady who would have had a family GP? One would have thought so. It would be very unusual for somebody in her situation not to have had a GP. Why is she asking on-line for diazepam, which is what she was doing? What is a competent and responsible doctor to do in those circumstances? The question is why is she not consulting her own GP? Of course, it is obvious that she probably was. In fact, she was. Alarm bells, though, should have been ringing, should they not, left, right and centre as far as Dr Eden was concerned? As one of the witnesses says, you would wish to give her the third degree.

B The whole thing was compounded after that by the fact that Dr Eden readily authorised repeat prescriptions of diazepam over the next year, until her husband found out what she was doing. No doubt they would have carried on even longer had she not been discovered. As the medical members of the Panel may know, diazepam should be given only for very short periods and under strict supervision. Only in very rare circumstances should it be taken long term, because of its tendency to dependency. For example, somebody with a terminal illness who has difficulty sleeping might be a good candidate for long-term use of diazepam. To allow someone to take this very powerful medication, which Dr Eden did, effectively unmonitored over a period of a year, and supplying it on demand, was grossly irresponsible, we say.

C All Ms Hutson had to do was to fill in an on-line order form with the medication and dose quantity she required. There was a box in which she was asked to confirm that there had been no change since the last prescription, an easy box to fill in. She had a choice as to the way the drugs were delivered. She said they could either be sent to her house directly from the e-med pharmacy, or she could opt for paper scripts which she could take to the pharmacy herself, which worked out slightly cheaper.

D After a while, and this is a theme that emerges in this kind of scenario (it certainly emerges in at least two of the scenarios that you are going to hear about), in order to avoid using credit cards, because she was using her husband's credit card and hiding the bills from him, she started to send postal orders to e-med in payment for the drugs.

E Now, again, I ask the Panel to pause for thought here. What is a practitioner to think when he starts getting postal orders all of a sudden rather than credit card details from patients? Should that ring an alarm bell? Should that cause the doctor to think, "Well, hang on, what is going on here? Has she got financial difficulties? She is spending money buying diazepam from me; it has been going on a long time now. What is happening with her GP? Why does she not get the diazepam from her GP? Perhaps she is getting diazepam from her GP. Has she got a GP? I have got to find out these things." These are all basic questions that Dr Eden should have been asking himself, we say.

F So she started to use postal orders to pay for the diazepam. She would also seek to obtain the repeat medication several days early and make excuses for that, and she was never refused. She recalls that the staff at the pharmacy started to become suspicious of the frequency of her prescriptions and on several occasions in her presence telephoned e-med to check the authenticity of the prescription.

G Of course, this lady was taking not only the e-med drugs, but the medication that she had been prescribed by her own general practitioner Dr Cowan. At one point she recalls that she was taking 30 dihydrocodeine a day.

H

A Thankfully, with the help of her husband and with the help of Dr Cowan, she has managed slowly but surely to wean herself off her dependency, but that year of prescribing by Dr Eden has inevitably, we would say, left its mark.

B Paragraphs 10 to 13 inclusive deal with Patient X, who registered with e-med in about July 2003. He wanted to get zolpidem and zopiclone, which are sleeping tablets. He had a general practitioner, a Dr Fareedi, who had been prescribing those for him. Patient X decided that he wanted to, as he put it, supplement his regular medication by purchasing over the internet. He is quite a clever individual, Patient X, as you will hear from the documentation.

C He had a fairly high-powered job, which took him abroad regularly. After doing some research to find out who, as he put it, “maybe a soft touch”, he joined e-med, paying his annual £20 joining fee and filling in the basic health questionnaire. He got on the repeat prescription bandwagon and was issued with prescriptions for a very large quantity of those drugs over a two-year period. You can see the numbers from paragraphs 12(c) and (d) of the charges, and we have copies in bundles which will be before you of the prescriptions that were issued. As his tolerance and addiction to the drugs increased, Patient X adopted different strategies to obtain more medication, and here we start to see some of the more esoteric, certainly, but some of the rather obvious ways in which internet medicine and prescribing can be abused.

D In late 2004 he asked two of his close friends who lived near him to join e-med and request the same medication, which he would pay for and which they would give to him. So, in other words, he was getting three lots of the same medication by getting two of his friends to join e-med, and he filled in the questionnaire for them, knowing what the doctor would want to see written down, and obtained his drugs in triplicate. Bear in mind, he was also obtaining them from his own doctor, so he was getting four lots of sleeping tablets.

E Also, Patient X would often telephone Dr Eden and tell him that his prescription was lost in the post. When a general practitioner is told, “I’ve lost my prescription, doctor”, alarm bells start ringing straightaway, do they not, but he reckons that he used that line with Dr Eden about a dozen times?

F Patient X had reached all his credit limits and he, like Mrs Hutson, started paying with postal orders: alarm bells again, I ask rhetorically? He reckons he was spending about £60 a month on drugs from Dr Eden, which included his own script, his replacement script (the “lost in the post” line) and then the scripts of his two friends – that is five lots of drugs, is it not: the drugs he got through the post, the drugs which he got because he has pretended he has not had them and then the drugs he has got from his two friends and the drugs which he has got from his own GP? The actual cost of the tablets he thought was about £4 for 28.

G By the Spring 2005 Patient X himself realised he had a major problem and made unsuccessful attempts at detoxification as an inpatient.

H Dr Eden had his first meeting with Patient X in June 2005, so that was two years after registration. Patient X’s recollection of that consultation is significant, we say. He remembers that it began with Dr Eden coming from the back of the room, smoking a cigarette, saying, “Pop in”. There then took place what he describes as “a five minute chat” which was unlike any medical consultation he had ever had. As he put it, “It was more like

- A talking to a mate”, which the patient felt afterwards had been a complete waste of time, except and in so far as it continued his ability to get the drugs that he wanted.
- There was no inquiry as to whether he had a general practitioner; whether it was now time to review the medication; whether alternative strategies ought to be considered, and so forth.
- B In October 2005 the resourceful Patient X started forging Dr Eden prescriptions. This was easy because they were sent on Conqueror paper with a very easily copied Dr Eden stamp, and so with a computer scanner and the right kind of paper purchased from a shop Patient X was able very easily to duplicate what looked like a perfectly authentic Dr Eden prescription.
- Anyway, for the rest of the year Patient X travelled round the country to chemists armed with these things and obtained more drugs. Eventually, the police found him out, in the form of DC Landeg, who contacted him in December. DC Landeg adopted a sympathetic and
- C supportive approach to Patient X, quite understandably in the circumstances, who told him everything, and, indeed, Mr Landeg got in touch with Dr Eden and told him that he might like to consider stopping prescribing for this gentleman.
- So here was a disturbed person, long-term addicted to these drugs who easily fed his addiction using e-med. Dr Eden, we say, had no business rubber-stamping these
- D prescriptions over such an extended period without meaningful intervention, and when he did see him in June 2005 he should have done so meaningfully. The fact that he adopted the casual approach, which he did at that consultation, we say, speaks volumes about where this doctor’s priorities lay.
- Heads of charge 14 to 27 deal with the then 16 year old Patient A.
- E In late August 2004, he joined e-med. He very quickly revealed to Dr Eden in the clearest possible way that he was a very disturbed teenager. The chronology in terms of information given by Patient A I have set out because I thought it important to set it out in the heads of charge, and they make for pretty scary reading, do they not, in terms of what this young boy is saying was wrong with him?
- F The beginning of the correspondence is interesting, though, because in the first e-mail Dr Eden does not have a clue who this patient is; he did not know how old he was; and this was before Patient A has actually paid his £20. There is an inquiry e-mail, as you will see, from Patient A, and Dr Eden at that point did not know anything about him and yet he says, without asking any of the appropriate questions, “If you pay up and join e-med we can give you Propranolol”, so he is suggesting Propranolol before he has got a single piece of information – no form, nothing. He does not even know how old this person is but was suggesting Propranolol: what does that tell you?
- G Later that same day the patient revealed all sorts of disturbing details about himself, including, crucially, that he is undergoing specialist treatment on a weekly basis, so here is a 16 year old boy who is in his second e-mail to the doctor telling him, “Look, I am an outpatient, under the care of psychiatrists. I’ve got serious mental health difficulties; borderline personality disorder. I have tendency to self-harm”. These are all red flag indicators, are they not? Dr Eden should not have touched this patient with a barge pole. He should never have contemplated engaging with this person, let alone provide him with drugs.
- H As Dr Richardson, Patient A’s doctor, will say, he was a complex patient who saw himself as

A psychiatrically ill but whose problems were multi-faceted and certainly not as the patient himself perceived them to be. The idea that an on-line GP could involve himself in the care of this boy is, we say, preposterous. There was no attempt whatsoever by Dr Eden to offer to or to actually liaise with those under whose care this young boy was.

When on 28 August the patient told him that he was suicidal and that his treating doctors would not give him the medication he wanted, what should that have caused Dr Eden to be thinking? He should have insisted, should he not, that he be allowed to liaise with his doctors? A month later, far from trying to rectify the situation which he had created, he allowed a repeat prescription of Propranolol and less than a week later the patient had taken an overdose. *Res ipsa loquitur* is a phrase that springs to mind – the facts speak for themselves.

I now move on to the two cases where journalists sought medication from Dr Eden in pursuance of their independent investigations into internet prescribing. One can see why they might be interested in mounting such an investigation. It is certainly in the public interest, is it not?

Oliver Harvey, a journalist working for The Sun sought to buy a slimming drug called Reductil from Dr Eden. He filled out a form on 19 September 2003 but was refused the medication on the basis that his BMI (body mass index) was too low. In other words, he was not heavy enough. Four days later he filled out another questionnaire but upped his weight, and, bingo, this time a month's supply of Reductil was prescribed.

Reductil, as you will hear, is a centrally active appetite suppressant. It should never be prescribed without a proper examination, and in particular heart and blood pressure, and has got to be prescribed under close supervision and carefully and regularly monitored. There are other slimming drugs – there is a drug I think called Xenical which has a much less invasive effect – but Reductil is a centrally acting slimming drug which requires proper examination and proper monitoring.

In any event, we say prior to considering prescribing Reductil there should have been a face-to-face consultation, there should have been a full examination and monitoring arrangements in place. Unfortunately, this was another case of drugs being provided on demand.

Mr Carrell, then of the Independent on Sunday, finally, sought to buy Viagra from e-med. He filled in an on-line questionnaire. It may not have been an e-mail, actually, when I think about it, it may have been one of the other websites but it was Dr Eden who dealt with him. He filled in an on-line questionnaire, which had some fairly basic and obvious and easily answerable questions about erectile dysfunction and within two minutes (because we have the server information from the computer) Dr Eden, who was away but must have been on line at the time, authorised the prescription. Mr Carrell, as I have said, had answered the on-line questions as someone who might want to try the drug. There was no room for discussion. It was not difficult to portray himself as a potential candidate for the drug in the on-line questionnaire that you will see. Again, this is the problem. What buying on-line does not allow is any careful questioning and investigation perhaps of possible psychological causes for this kind of problem, of which common sense tells us there can be many.

Dr Peter Havelock is a highly experienced general practitioner with much experience as a GP performance assessor and much experience of giving evidence given before panels such as

A this. He will be a witness for the General Medical Council in this case and has produced a report in which he analyses each of these cases. I am not going to go through his conclusions now, but in summary he concludes that in each of these cases Dr Eden's conduct fell seriously below the standard to be expected of a competent practitioner.

B Of course, each has its own individual aspects. Of course the panel will look at those individual cases in the context of the wider question of internet prescribing generally, the pitfalls associated with it and the responsibilities that go with it if one is to start working in that sphere. We say, though, that Dr Eden over the period in question demonstrated a total inability to appreciate and have insight into the limits of his position as a doctor working over the internet. Having failed to appreciate those limitations, he then made fundamental errors in each of these case and on occasion put patients at risk. This, we say, is unacceptable.

C Sir, those are my opening remarks. The first witness is to be Dr Cowan, who is Fiona Hutson's general practitioner. He is currently abroad and is to give evidence by video link. Could we have five minutes to set it up?

THE CHAIRMAN: Of course.

D MR ENOCH: I will take this opportunity to hand out the bundles. There are six files but the final three could be put together as they are very slim.

(After a short break)

(Video link was set up)

(Introductions)

E JAMES TEMPLE COWAN, Affirmed
Examined by MR ENOCH

Q Can you see me, Dr Cowan?

A I can, yes.

F Q I am the barrister representing the General Medical Council. Can I ask you what you have with you. First, just give us your full name, please?

A James Temple Cowan.

Q Are you a general practitioner based at the Firrhill Medical Centre in Edinburgh?

A I am, yes.

G Q Did you qualify in 1979 and have you worked at that practice since 1984?

A That is correct.

Q I think you have been treating a patient called Fiona Hutson since you joined that practice. Is that right?

A That is true.

H Q What have you got with you, Dr Cowan? In front of you I see a couple of files. Do you have her general practice records?

A A I do. I have bundles 1 and 2 comprising the records of Fiona Hutson.

Q The Panel have those as well. What they may not have in fact in those two bundles is what you refer to in your statement as the summary of important illnesses and investigations. Have you got that with you? It was the first exhibit to your statement, if that helps you. I am helpfully told by Mr Jenkins that it is on page 122.

A Yes.

B THE CHAIRMAN: I am interrupting. For the record, we will call these bundles C1 to C6 as far as the records are concerned. Can you make sure each time that everybody has reached the same page as you have, Mr Enoch, because there are rather a lot of these around.

MR ENOCH: We all have the same documentation. I am looking at Mr Jenkins to see whether I can lead this witness? I see a nod. I am very grateful.

C (To the witness) Is it right, without having to delve too heavily into the notes, Dr Cowan, that Mrs Hutson had a long history of back pain dating back to 1986?

A That is correct.

Q Had it been quite difficult to address the pain relief problems associated with that?

A Extremely.

D Q What were the principal drugs that had been used in the late Eighties and early Nineties for her in that regard, please?

A In the mid-Eighties certainly we were using dihydrocodeine. At one stage she also, not so much for pain but because of problems with sleeping, wished to obtain satisfactory sleep and, in her attempts to do so, she became, I believe, addicted to Heminevrin.

Q What about the dihydrocodeine: did she develop a dependency to that as well?

E A Yes, she did, over time.

Q If we look at pages 121 and 122, do we see a reference to her dependency emerging in that summary of her history and, if so, can you point it out to us?

A I would say that the summary on page 123 of your record would be the relevant page, half-way down, where I have made a comment that she continues to have chronic low back pain and episodes of muscle spasm secondary to panic and anxiety which themselves are secondary to marital problems. I have commented that she "Is now dependent on dihydrocodeine and Heminevrin".

Q Was it therefore necessary to carefully monitor her intake of analgesics, Dr Cowan, given that position?

A Very much so. It has always been a considerable difficulty with the lady in question to try and afford her reasonable pain relief but without, let us say, pandering to her desire to use stronger and stronger and more and more sedative medication.

G Q I think you also prescribed her amitriptyline. Is that right?

A That is correct.

Q What is that?

H

A A Amitriptyline is probably best described as an antidepressant but in more recent years has been used very extensively for the management of nerve-based pain – neuralgic type pains.

Q Did you also prescribe her the occasional short course of diazepam?

A Yes, I used diazepam for its sedative and muscle relaxing properties from time to time.

B

Q How long would courses of diazepam be prescribed for if and when you did that?

A I would try not to extend the course beyond three weeks and if possible even shorter. It really depended on how she responded to it at the time, but usually courses were three weeks or less.

C

Q I think, for example, on 3 July 2003 you prescribed her a two-week course of diazepam. Would that be right?

A That is correct, yes.

Q In fact, on 24 July 2003, did she tell you that the diazepam was not effective?

A Yes, she did.

D

Q How did you first become aware that your patient had been buying diazepam and other drugs on the internet?

A Her husband telephoned me to say that he had strong suspicions that this was occurring.

Q Was this on 21 August 2003? I do not think there is any dispute about it. It is in your statement.

A Yes.

E

Q Did she and her husband both attend an appointment with you at your practice on 29 August 2003?

A Yes, that is correct.

F

Q Help us please. Can we turn up that consultation and the record of it, which I think we will find on page 8. We also see the note, do we not, of your conversation with Mrs Hutson's husband dated 21 August?

A That is correct.

Q Just translate it for us, if you would, starting with 21st and moving on to 29th?

A 21 August 2003. The "T" represents a telephone call in the margin:

G

"Husband thinks she's buying diazepam on internet – he will have to confront her to move matters on. Also telling lies about consulting in past week."

Q Then the next entry, please?

A In the next entry, the "C" represents certificate: "Certificate until further notice". That is a certificate confirming her continuing absence from work, the diagnosis being lumbar disc disease and below that:

H

"Admits to buying diazepam x 40 x 5 mg £15 on the net."

- A Q So that was the extent of her admission to you at that stage about what she had got from the internet. She did not tell you the full story at that stage; is that right?
A No, that is correct.
- B Q Based on what she had told you on that day, what view did you take of the position?
A I was very surprised at the ease with which she seemed to be able to obtain medication simply on-line, and it obviously gave me considerable concern. I am doing my best to try and restrict this lady from harming herself further with medication and yet she is able to go on-line and buy more.
- Q Were you surprised not to have been contacted at all?
A Yes.
- C Q What would you do if a patient came into your surgery and specifically asked you for a drug such as diazepam?
A I would wish to know why they wanted that drug, whether they had used it previously and, if so, for what condition. I would treat such a request very sceptically, I am afraid, as it is a well recognised drug of abuse.
- D Q How closely should a person receiving diazepam be monitored?
A It very much depends why they are receiving it and what sort of conditions they are taking it for and what their experience of it has been in the past. We do have, for example, some very elderly patients who were started on diazepam many years ago who will receive it on a repeat prescription, despite our best efforts to persuade them otherwise, but we are very keen to avoid starting new patients on diazepam and try to prevent them from becoming dependent on it.
- E Q As a result of what your patient told you on that occasion, did you decide that you should contact the GMC?
A I did.
- Q Did you follow up an initial contact with a letter?
A I did, yes, on their request. I was not quite sure at that time what the investigatory powers of the GMC were. When I advised them of my concerns, they said that if I wished to complain, I had to put it in writing.
- F Q Did you come to learn in due course from Mrs Hutson that she had in fact been obtaining a lot more medication than she had first admitted to you?
A Yes. During the course of the subsequent correspondence with the GMC and their request that I ask her whether she would be willing to give information to them, it became apparent that in fact the number of prescriptions had extended to approximately one year.
- G Q What was your reaction to learning that a doctor had been authorising repeat prescriptions for diazepam over the course of a year for your patient?
A Again, I was very surprised and I really thought that was quite a dangerous approach.
- H Q What was the dose of dihydrocodeine that you were prescribing for her, generally speaking? How many tablets?
A Approximately 14 per day.

A

Q Is dihydrocodeine a recognised drug of abuse?

A Yes.

B

Q Clearly this was a lady, you have already told us, who had a degree of tolerance to and dependency upon dihydrocodeine already before she started getting it from Dr Eden, but what would you consider to be the maximum safe amount for a person in her circumstances to take?

A I believe that normally one would be reluctant to exceed a dose of 240 mg per day, which is 8 x 30 mg tablets. However, as I have previously stated, and from personal experience of Mrs Hutson, I have no doubt that her tolerance is far greater than that.

C

Q How many do you think it would have been safe for her to take?

A That is very difficult to establish. She has certainly taken up to 20 of these tablets in a day and I have seen her in these days and you could not tell that she was particularly sedated or affected by them.

D

Q Following all this, Dr Cowan, have you, together with her husband, done what you can to help her and to get her off the very high dosages of these drugs that she was taking?

A Yes. We have explored a number of different approaches to Mrs Hutson's pain, various pain clinics, rehabilitation units, all without, I am afraid, very much success.

Cross-examined by MR JENKINS

Q Can you hear me, Dr Cowan?

A Yes.

E

Q I have not been given the microphone yet; it may be that you do not need it. (microphone provided) Can I just ascertain how long you have been Mrs Hutson's GP?

A Since I joined the practice in 1984.

Q I think she had problems with back pain as long ago as 1985?

A 1986.

F

Q I am going to ask you to look at page 430 of the bundles in front of you, if you would, please.

A (After a pause) Yes, I have that.

Q It is a letter to you from November 1985 from the Eastern General Hospital in Edinburgh.

A Yes.

G

Q I do not think I need take you through it, but I think two-thirds of the way down the first paragraph one sees the drugs that she was then taking?

A Yes, I see, that.

Q DF118 is dihydrocodeine?

A That is correct.

H

- A Q Can I just take you on from there? Can I ask you to look at page 193 in the bundle, please?
A Yes.
- Q We have moved on nearly 15 years to March 2000.
A Correct.
- B Q This is a letter to you from the Lothian Chronic Pain Service about your patient. It sets out the reason why they saw her and sets out her current consumption of dihydrocodeine at that time, March 2005?
A That is correct.
- Q Which was 600 mg a day, I think?
A Yes, that is 20 tablets. Yes.
- C Q Did it go up from there at all do you know?
A I think there would be days when she possibly took more and there were days when she possibly took less. Her average ranged somewhere from 14 to 20. I tended to limit the absolute numbers by monthly prescription.
- D Q I understand. Can you turn to page 192, which I think takes us on in the correspondence and takes us on a month or so?
A Yes.
- Q In the second paragraph of page 192 there is reference to an addiction to heminevrin?
A Yes.
- E Q And her saying that she had been using dihydrocodeine for the last 11 years, requiring up to 720 mg daily?
A Yes.
- Q That would be 24 tablets, I think, every day?
A Correct.
- F Q Where was she getting that from? Can you tell us?
A We would be prescribing Heminevrin for her – I am sorry, dihydrocodeine for her. As I say, one would tend to limit the absolute amounts by a monthly prescription. She was not on daily dispensing, so there would be days where she would take more and days when she would take less.
- G Q I think if we go to page 189, please, this is another letter from the Chronic Pain Service in Lothian. I do not think I need ask you to read the first page, but on the second page I think there is a description that she had reduced her daily intake of dihydrocodeine from 600 mg to 450 mg.
A Yes.
- Q This, of course, it two years or so before she went on the internet?
A Yes.
- H

A Q Can I ask you to look at what may be the computerised records of the practice dealing with repeat medications?

A Yes

Q Page 126 may be a useful page to look at, please.

A Yes.

B Q We have on that page, and I think the pages that follow, references to dihydrocodeine tartrate, the 30 mg tablets, and an indication of the quantity of tablets that were being prescribed for her. Was that on a monthly basis, 448 tablets?

A No, that is a two-monthly basis. I am sorry, I misled you. At the time obviously we were on 56-day supply, not 28-day supply.

C Q I am sorry. Thank you for doing the maths for me. 16 tablets daily is the indication that you give there.

A Yes.

Q It says, "Review: 52." Does that mean that so far as the computer was concerned, this lady was scheduled to be reviewed on that medication every 12 months?

A That is a fall-back position on our system, yes. That would trigger an indicator to review her at that time, yes.

D Q If you had thought that a more regular review was appropriate, does the computer allow you to indicate a shorter period for review?

A It certainly would, but we at that time were not using our computer in that way. At that time all our repeat prescription requests were seen with the records by an individual doctor. We did not rely on the computer review interval in order to review our patients and I think you will see that from our general practitioner records Mrs Hutson was reviewed much more frequently than that.

E Q If you turn the page, is someone indicating periods in manuscript about reviews?

A That is my annotation to take out the review period of 52 weeks, to take out a zero review period for Oestriol cream and replace it by 52.

F Q Can I just ask you, you were told by Mrs Hutson I think that she was being prescribed six tablets a day by Dr Eden?

A Of dihydrocodeine, yes.

Q Indeed, and I think you indicated that on its own you do not think that that dose is unreasonable. That is what you said in your statement?

A That is correct, for pain that would be a reasonable dose.

G Q The difficulty was he was not aware that she was being prescribed at the same time by you.

A Correct.

Q Let us agree that a failure of communication or a misleading by the patient can lead to misunderstandings?

A Agreed.

H

A Q Can I ask about the diazepam? Why did you prescribe diazepam for this lady, given that she had had an addiction to Heminevrin in the past?

A When Mrs Hutson presents with acute exacerbations of her back pain she does present in considerable distress. Part of the distress usually includes a degree of insomnia and she will tell me that during the worst periods of her leg pain she will require some additional medication to sleep. Diazepam is a well-recognised anti-spasm agent; she usually has muscle spasm accompanying her sciatica and during the worst exacerbations of her problem I would allow her some of those in order to get some relief from her symptoms.

B

Q How were you able to check that she was telling you the truth, or was that something that occurred to you?

A I was only too well aware there may be times when she would potentially manipulate the situation, yes.

C

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

MR ENOCH: No re-examination, sir. I will hand over to the Panel for any questions that you or your colleagues may have.

Questioned by THE PANEL

D

THE CHAIRMAN: Dr Cowan, there is no re-examination from the GMC, but at this point members of the Panel may ask you questions as well and if they do want to do so, obviously the camera will swing round to them, but initially I will introduce them and explain whether they are a lay or a medical member of the Panel. You will appreciate we have two lay and two medical members on the Panel. On my left, your right I suspect, Dr MacWalter is a medical member of the Panel.

E

DR MACWALTER: Dr Cowan, can I ask you how common it is to have patients in your general practice requiring the amount of prescription drugs for back pain that this lady required?

A I think it would be fair to say Mrs Hutson is exceptional as regards our practice. I cannot think of a single other patient in our practice who utilises that degree of oral analgesia other than terminal cases.

F

DR MACWALTER: Thank you very much.

THE CHAIRMAN: Dr Cowan, I am a lay member of the Panel, sitting up as the Chair here. My question concerns your relationship as a GP with internet bodies, if I can put it that way. Did I understand you to say that you realised Mrs Hutson was getting prescriptions of these drugs from another source?

G

A Yes, her husband suggested to me that was happening and subsequently Mrs Hutson confirmed this.

Q She confirmed it ---

A You say another source other than the internet?

H

Q No, I did not nominate the other source. I wondered how you came to know it was the internet?

A A Her husband informed me that that was his suspicion and then she subsequently came with him and confirmed it.

Q Did you at any stage try to investigate that source yourself?

A It is quite a long time ago. I think I did try to go on line and at least look the site up, out of curiosity. I did not go very far with it.

B Q Can I be clear then? What you would, as a GP, have expected another source to have done in relation to communicating with you as a patient's GP? What I am saying is I do not want you to guess what might have happened, I am trying to understand your view as a GP – you are not an expert witness as such – and then just to understand whether there was any communication whatsoever.

A There was certainly no communication directly with me from e-med regarding Mrs Hutson. It is really the nature of the medication that astounded me, that somebody could go on line and effectively order up some diazepam I found entirely amazing. I could not believe it was that easy to do that and clearly the concern in my mind, not entirely just for my own patient but for other people out there, would be that this could happen repeatedly, that somebody could just simply go on line, make up a story and get drugs without any attempt to confirm why they wanted these drugs or what they were for, or whether they were even going to take them themselves or ever sell them. That was my concern, that it seemed so easy to get drugs of potential abuse simply by going on line and giving a few details.

D Q But just to be absolutely clear, as far as your patient Mrs Hutson is concerned, you did not investigate this yourself any further?

A No.

E THE CHAIRMAN: That is very helpful. Thank you very much. There are no more questions from the Panel. Do either counsel want to come back on any of the Panel's questions?

MR JENKINS: No, thank you.

MR ENOCH: No, thank you.

F THE CHAIRMAN: Dr Cowan, that is the end of your evidence. Thank you very much for making yourself available today at the end of the ether, so to speak, to help us in this inquiry. You are now discharged and free to go.

THE WITNESS: Thank you very much.

(The witness withdrew)

G THE CHAIRMAN: What I would propose now, Mr Enoch, before you launch into your next witness I presume, is that we take a slightly longer mid-morning break and that might give you the opportunity to consider where you are going with your witnesses, given the admissions and so forth, and whether there are any further admissions. There was some suggestion that there might be some discussion between you. I am not pressing you on this, but this might be an opportunity. We will adjourn now until midday.

H (The Panel adjourned for a short time)

A

THE CHAIRMAN: Mr Enoch?

MR ENOCH: I call Fiona Hutson.

FIONA HUTSON, Affirmed

Examined by MR ENOCH

B

(Following introductions by the Chairman)

Q Just start with your full name please, Mrs Hutson?

A Fiona Hutson.

C

Q When did you first come across Dr Eden's website?

A At the beginning of 2002 I started looking and I found it in September.

Q You are speaking very quietly.

A I am sorry. I will speak louder.

D

Q Speak in a way that may feel unnaturally loud to you, a bit like I am doing now. I am speaking probably in a way that would be unnaturally loud, normally speaking, but just so that we are sure everybody can hear you.

A Yes.

Q Repeat that answer for us, if you would be so kind?

A Summer of 2002.

E

Q I think in fact we know as a matter of record that you registered with the site on 3 September 2002. Does that sound about right?

A Yes. I had been looking elsewhere up to that, so I would think end of August, beginning of September is right.

Q In front of you you have got two files. Can you open the first one please, the one on the top, and look behind tab 1. Is that bundle 1?

A No, it is bundle 2. Bundle 1 is here. My apologies.

F

THE CHAIRMAN: Mr Enoch, just in case anybody wonders what the Legal Assessor had just whispered in my ear, it is a very reasonable point. Can we check please whether Mrs Hutson is happy for her name to be in the public domain.

THE WITNESS: Yes.

G

MR ENOCH: Yes, she is.

THE CHAIRMAN: Thank you. That is just for the record.

MR ENOCH: (To the witness) Is that the on-line questionnaire that you filled out?

A Yes, it is.

H

- A Q Just have a look through the answers there. Do they represent how you responded to the, as it were, bullet questions that were being asked of you?
A Yes, very briefly, yes.
- Q When you joined this site were you working?
A No, I worked up until the beginning of ... At the beginning of 2002 I was assaulted at work, Hogmanay 2001.
- B Q What was the work you were doing at that stage?
A I worked for a Barnardo's Unit. My official term was night attendant relief project worker, so I dealt with children between the ages of 7 and 12 with behaviour problems.
- Q I think you were assaulted by one of them. Is that right?
A Yes, that is right. I was throttled.
- C Q You also had difficulties I think at the end of 2001. You were having a particularly stressful time because your mother was terminally ill. Is that right?
A My mother had been ill for many years. She was an invalid for most of her late fifties till she died at 70, but yes, she was in the final stages of liver cancer.
- Q You say that you started looking on-line shortly prior to joining the e-med website. What were you looking for?
A Several years before I became addicted to a tablet called Heminevrin. I liked the feeling of – the detached, disjointed, relaxed feeling, realised that was not the road I wanted to go down again, certainly knew if I went to my GP it would not even be a conversation, decided Valium, looking it up, looked quite good, investigated several of the foreign sites. Certainly no problem buying, but being aware it was a controlled drug I was kind of hesitant to have the police knocking at my door.
- D Q What were you hoping that the Valium would do for you?
A Relax, take me away. It helped me sleep. I really have problems sleeping and have had for many years and the Valium would have assisted with that.
- E Q Have you also suffered from chronic back pain?
A I slipped a disc nearly 21 years ago and the epidural I had during the birth of my third child, it made it worse, and I have been left with degenerative back disease, particularly sciatica, so it is a chronic condition.
- F Q Now, we know as a matter of record that you had been prescribed over many years courses of dihydrocodeine, is that right?
A Yes, more years than I care to think of.
- G Q You have also been prescribed by Dr Cowan the occasional short course of diazepam, is that right?
A Yes.
- Q When you talk about Valium, do you mean diazepam?
A Yes. You asked what I went looking for. What I typed in was Valium, not diazepam.
- H

A Q Now, you said that you knew that were you to go to your GP Dr Cowan, I think your words were "There would not even be a conversation".

A It would not be a conversation.

Q Why not?

B A In part, the problem I had with tablets before, the fact that I was already on a very high dose of dihydrocodeine, and being very aware that Valium, over a long period of time, for what I had wrong with me was not the right form of treatment, I know I would not have asked him, I would not have gone down that road, and I would not have gone to another doctor in the practice because my records are there.

Q Having come across the e-med service, did you have to do anything other than fill in that form that we see there?

C A Nothing, just the form.

Q Were you ever asked anything about your general practitioner, or were you asked whether you had one, whether if you had one could he be contacted, whether if you had one did you wish him to be informed, anything like that?

D A I would have to say no, I do not remember anything asking. I certainly would not have wanted my GP informed, for exactly the same reason, that I was being prescribed more medication that I was already receiving in bucket-loads, and another that would have been regarded as unsuitable. I certainly do not remember a tick box to ask, and I know I never gave my doctor's name or his details.

Q Well, it is not in dispute anyway, but I just wanted to confirm your recollection. Did you ask for your first prescription of Valium straightaway? How do you remember obtaining the first prescription?

E A On the form, this is the initial sign-up one, and there was one asking about medication, I lied and said that I was receiving coproxamol. That is, to my knowledge, the drug you would receive before you received dihydrocodeine, so to me, asking, which is what I did, I asked for dihydrocodeine and I asked for Valium, the request would not be necessarily the wrong one because in my mind, checking on the background of opiate medication, it was probably the next step from coproxamol, but I was on dihydrocodeine.

Q So did you get what you asked for?

F A Yes, and quite large doses of it.

Q We see that you, in your feedback form, have cited chronic back pain as one of your complaints, is that right?

A Back pain and chronic sciatica, yes.

Q You also cite difficulty in sleeping.

G A Yes.

Q You mention your mother's illness.

A Yes.

Q In any event, did you get dihydrocodeine and diazepam as a result of that information?

H A Yes.

A

Q Did you get a month's supply?

A I got what was classed as a 30-day supply, 180 of the painkiller and 90 of the diazepam.

Q Now, once you had got your first prescription, how did you go about getting more?

B

A It was a simple repeat prescription form which was basically a request, and then they asked if anything had changed, and all I would do is either write "Same" or "No change", and then that would be sent back. Initially I was able to use credit cards to obtain the prescription direct, so the tablets were delivered to the house. Later on, when I had problems with that, a paper prescription would be delivered, but it was very much the next day.

Q So "Has there been any change in your medical details since your last prescription?", does that sound like the---

C

A That is the wording, yes.

Q Apart from answering that question "No", did you have to provide any other information at all?

A No.

D

Q I do not think this is in your bundle, but it is the repeat order prescription form that is exhibited to Mrs Hutson's statement.

A I was asked for the drug that was already prescribed and any changes from the previous prescription.

Q I am going to get it copied and circulated in due course.

E

THE CHAIRMAN: Have you got a copy, Mr Jenkins?

MR JENKINS: I do, sir, yes.

MR ENOCH: Oh yes, it is exhibited to her statement but it may not have found its way into your bundle. Did you get regular repeat prescriptions of those drugs for the next year or so?

F

A Next year, September to September. You could also use e-mail, so you had the form that you could fill and then you could back things up with e-mail, an e-mail address, and I would e-mail to give an excuse of why I was requesting my drugs early. I mean, my mum, God bless her, was a good excuse, that I was far more stressed with her illness, or I was going on holiday, or it is much worse.

Q So these were the methods for you to get the drugs earlier than---

A Oh yes.

G

Q How much earlier do you remember getting them?

A I would think somewhere in the region of a week, four or five days up to a week, perhaps more. I was devious.

Q Were there ever any occasions when you were refused drugs early?

A Never, no. I had problems having the prescription filled early.

H

- A Q Well, we will come on to that in a minute. How did you actually physically get your hands on the drugs? What options were open to you?
A The obvious option, I think, that most people would have done was a credit card. If you used a credit card your tablets would be delivered the next day, and there was a charge for that.
- B Q So you give your credit card details, and the drugs are delivered where the next day?
A My home address, so I would physically have the tablets.
- Q Dispensed where?
A I believe at the pharmacy at St Johns, is it?
- Q Is that the e-med pharmacy?
A Yes. If I was able to pay for the drugs direct to the pharmacy, the pharmacy would post the tablets to me.
- C Q So you would not even have to go to the chemist?
A No, not at that stage, no.
- Q Did there come a time when you did go to the chemist?
A I do not have a credit card, I have never had a credit card. Initially I was using my husband's credit card but giving the name as my own, and I managed that I think two, possibly three times, but to do that I had to hide credit card statements and I could not continue to do that.
- D Q From your husband?
A From my husband.
- E Q Did he have any idea you were doing this?
A Not at that stage, no. I managed to lose a couple of statements and he did not really question it. I mean, the cost was £15 for the consultation, which was the e-mail or the refer, and then £35 for the tablets, and I knew his account could lose £50 and it not be a problem. When I realised it was going to become a problem, I have used my daughter's credit card, I used my sister's credit card, again giving it as my name, and eventually I used postal orders.
- F Q So you used a variety of different credit cards.
A Yes.
- Q Which---
A The details were completely different.
- G Q The details were all completely different.
A But with my name.
- Q Then you went on to postal orders---
A Yes.
- Q ---when you could not use the credit cards anymore.
- H

A A I could not use the credit cards anymore. That is a different way; you are paying for the consultation, which again was £15, and then the cost of the drugs from my local pharmacy.

Q Tell us about that. So you started to collect the drugs from your local pharmacy.

A Well, not my local pharmacy. I went somewhere where they did not know me, but I used the same chemist all the time.

B

Q What was the advantage to you of collecting them yourself from the pharmacy as opposed to having them sent from e-med?

A Purely the cost.

Q It was a little bit cheaper?

A I could afford that myself.

C

Q How much cheaper was it to do it that way?

A What would have cost £35 from Dr Eden, the prescription was £13 for both tablets is what I was charged.

Q On the second page of the repeat prescription order form, it says "It's that easy with e-med".

D

A Yes.

Q Was it?

A It was a doddle, to use a Scottish phrase, yes, it was extremely easy. I thought as soon as I used a card that was not connected to me that alarm bells would ring. The people whose cards I used, I gave them the money, and to the best of my knowledge I do not know what the credit card statement would say.

E

Q So which pharmacy did you use?

A I used a Boots the Chemist in Morningside Road in Edinburgh.

Q Now, you were going to tell us, and I interrupted you, about your being questioned, as it were, or some suspicion being raised in relation to the chemist.

A Yes.

F

Q Tell us about that, please.

A The first prescription I took, the pharmacist was surprised what it was. It was basically an A4 piece of paper. I had expected something that looked like a prescription. It was an A4 piece of paper with writing, the drugs, and then a "pp" I think to Dr Eden sent to the pharmacy. The first one was delayed because of that, but subsequent ones, the earlier I was handing them in the harder it got to actually get the tablets from the pharmacy. They would phone the hospital direct towards the end to verify and check the details.

G

Q So as far as you were concerned, who were they phoning?

A Dr Eden.

Q So the chemists were becoming more suspicious because you were taking your prescriptions in early?

H

A Yes, they were.

- A Q And frequently.
A Frequently.
- Q On a number of occasions you were aware that they checked the authenticity of the prescriptions with the doctor.
A Yes. I would say most times. I think I took in maybe five or six in total, and towards the end they would check even more.
- B Q Did Dr Eden ever question you about it?
A The difficulty in having the prescription filled?
- Q Yes.
A He was not aware. I certainly never contacted his service to say I was having problems having the prescription filled.
- C Q If they spoke to him, did he ever come back to you and say, "Why are you taking your prescriptions early?", or anything like that?
A No. For that year I had no direct contact made by anybody to me. I on occasions phoned the pharmacy direct, because towards the end of that year I managed to send postal orders without covering letters and I got myself in such a state.
- D Q What communications were you having with Dr Eden? Were you e-mailing him at all?
A Well, initially there were confirmations to say that the request and the prescription had been sent. That was like a confirmation. Towards the end, when I was starting to ask for more and more earlier prescriptions, I told a tale or two, and that was my contact to him. As much as I can remember, I certainly do not recall ever having an e-mail back saying, "Excuse me, Mrs Hutson, this is far too early. I think you are taking too much too soon". I would contact just to ask for the prescription and they would come back to say it was being sent out.
- E Q What effect was the taking of this medication over that length of time having on you physically, and in terms of your ability to look after your family?
A I could not, I did not. I lived in my bedroom. I disconnected myself from family life. I stopped taking care of myself. I did not feed my children. I did not want to be involved with my family in any real way. They were aware that I was not right, I was convinced I was fine. If they do not think you are right, then you do not stay in the same room as them, you take yourself away, and I did that for a good six months.
- F Q How did it all come out?
A I lost a weekend. I went to bed on a Friday and I got up on a Sunday, and I do not know what I did in those two days, except my husband was angry, upset, concerned and took me to the doctors.
- G Q What did you tell him and the doctor at that stage about what you had been doing in relation to getting the drugs from the internet?
A At that stage I did not admit to all the medication, I did not admit to the amount of time I had been on it.
- H Q Did you admit to some?

- A A Yes. Oh, I had to.
- Q Did there come a time when you spilt the beans completely?
- A I did it in a letter to Dr Cowan and in several conversations with my husband over a few days when I was going cold turkey.
- B Q As a result of discussions that you had with Dr Cowan, did you join in the complaint, as it were, to the General Medical Council about what had happened?
- A Yes. It took a while. For all I was disconnected with my family, I quite liked being disconnected, so I was very keen to keep Dr Cowan on my side, because he was my family doctor, and if my family was removed from his practice, it is not easy to find a new doctor. So I was kind of, I believe, playing one off against the other to both men's egos, vanity, I am not quite sure, so Dr Eden would receive my messages saying how terrible my doctor was, and I would tell Dr Cowan, "Yes, I am happy, I am going to come off the drugs", all the time thinking, "Well, I have still got Dr Eden in reserve. It can blow over and then it can all just go back to the way it was". Initially, the complaint, I did want to go with it because it is easy to see that it was the wrong way to receive medicine, but it probably took several months before I was as much behind it as Dr Cowan was.
- C Q Has Dr Cowan continued since then to help you as far as dependency on these drugs is concerned?
- D A I am dependent on dihydrocodeine, there are no two ways about it. I take a large amount for my pain, far more than a lay person could take, if you were to take the amount I take per day. It is controlled, it is in an amount. I have certain things, a certain place, that I cannot go above, or it does not happen. The diazepam, it took a long time to come off.
- Q How long?
- E A Completely off it I think was maybe ten or eleven weeks. I thought I could go cold turkey, because I did not need them, you know, I was not addicted, "I can do without these", and I made an initial attempt at doing without anything, and it made me ill.
- Q Just help me with this: obviously whilst you were getting dihydrocodeine from Dr Eden you were also getting dihydrocodeine from Dr Cowan.
- A Yes.
- F Q At its worst how many do you think you were taking a day?
- A 30.
- Q 30. How regularly were you taking 30 at that time when you had the supply?
- G A Daily, no problem. Between the tablets that were on the prescription, there were 180, and I could add that to the amount I was prescribed by Dr Cowan, and initially I divided them up by the 28 days, so increased the amount that way, and then gradually, when it became harder to cut back from that amount, I used Dr Eden for me to supplement what I could not receive from my GP.
- Q Thank you very much. I just want to check with Mr Jenkins that he is happy for me to hand this repeat prescription document out. I just want him to look at it because it has got some handwriting, I think, from---
- H MR JENKINS: I have no objection.

A MR ENOCH: You know what is on it. Well, I will hand that out, if I may. (Same handed)
Sir, I think it can be subsumed within C1, unless you particularly want to give it another C
number. It can go at the front of C1 as far as I am concerned.

THE CHAIRMAN: No. As far as I am concerned it will be C7. It is easier to refer to it
later on.

B MR ENOCH: Certainly. Those are all the questions I have for you, Mrs Hutson. There may
be some more.

Cross-examined by MR JENKINS

C Q Mrs Hutson, I am going to ask you questions on behalf of Dr Eden. Can you tell us
roughly when you first started taking dihydrocodeine?

A 15/16 years ago. I damaged my back. I have to work it out. I have worked my way
up the opiate pain brackets. Dihydrocodeine itself, I would have to say certainly over ten
years easily, if not more.

Q Well, does 21 years or even 22 sound right?

A Not the quantity, no, but yes, but could well be, yes.

D Q Just so that we are clear, might you have been taking dihydrocodeine in 1985?
A No. I was pregnant in 1985 and I did not take it when I was pregnant.

Q At any stage in 1985 might you have been taking dihydrocodeine?

A Yes, I had problems after my daughter was born. The epidural that was used during
labour made my back condition more sore, yes.

E Q Was there a problem with dihydrocodeine over the years, in particular in the 1990s?
A In what respect?

Q That you were taking very high doses?

A Yes. Gradually, as with any pain killer you take for a long period of time, you
develop --- To relieve my pain, I took more; the amounts were increased as it became less
effective.

F Q Was there a time before you started looking on the internet when you might have been
taking as much as 720 mg of dihydrocodeine a day?
A If you would like to put that into the number of tablets.

Q 24?

G A No, I would not have thought as much as that.

Q You would not think so?

A I would not think so; no, I would not.

Q Was Dr Cowan your GP throughout the period before you started on-line and even
after you were on-line?

H A Yes.

- A Q So, if you were being prescribed dihydrocodeine, was he the practitioner responsible for that?
A If he was the doctor I saw at the appointment, yes, he would be but there was another doctor at the practice with the name of Dr Broadwood who I also used.
- B Q Did that doctor have a similar attitude to dihydrocodeine?
A That doctor had a far less strict attitude to dihydrocodeine.
- Q Just so that we can be clear, are you telling us that Dr Cowan was fairly strict about dihydrocodeine prescribing and the other doctor was far less so?
A In the practices, yes, Dr Cowan would be far stricter. It is very hard. If you are in pain, you take the tablets and they work. So if you said at this point I was taking 24, I would not have thought I was taking 24 all the time but I may have done, but Dr Cowan was strict, yes.
- C Q If I put a suggestion to you, do not take it as correct necessarily. You are the witness and it is your evidence that is appropriate. Right? On the question of 24, you have suggested that was not right; you never were taking 24.
A I take 16 a day now. I could have taken 24 a day then. I take large quantities of dihydrocodeine.
- D Q I understand, but it was Dr Cowan that was prescribing 16 a day in the year 2000 or thereabouts?
A Yes.
- Q We will come back to dihydrocodeine but tell us about the Heminevrin problem.
A I had a hysterectomy. Prior to that, I had been using Heminevrin as a sleeping pill. I sleep very badly with back pain and my pain is particularly bad during the night, always has been. I used the Heminevrin and gradually increased and started using it during the day.
- E Q Was that all prescribed by your GP?
A It was prescribed and put on a repeat prescription form and I abused the repeat prescription form. I handed it in earlier and earlier and attempted to make excuses with Dr Cowan for why I was requesting it, as I did with Dr Eden's website.
- F Q Just staying with the Heminevrin: you were misleading the doctor, plainly?
A Yes.
- Q But you were still receiving prescriptions from Dr Cowan?
A I received prescriptions up to the point when I had to be withdrawn from them.
- G Q Over what period of time should the Panel consider that you were misleading Dr Cowan and developing a problem? Was it a couple of weeks, was it many months, or a year or more?
A Months, I would have felt.
- Q So, for a number of months certainly you were misleading Dr Cowan about Heminevrin?
A Yes.
- H

- A
- Q And he was providing repeat prescriptions early for you?
A Yes. If I used the excuse of holidays or to hand them in and hope that, as we have a large general practice, the repeat prescription form can be signed by other people; it was not necessarily Dr Cowan every time.
- B
- Q Would you say Dr Cowan took a strict approach to prescribing Heminevrin?
A When he realised there was a problem developed, yes.
- Q When he realised that a problem had developed?
A Yes.
- C
- Q But that was, is this right, clearly many months or some months after the problem had developed?
A Several months after I started using the tablets, yes. I had used other tablets in the past. I had worked my way through temazepam and other medication that I took at night. Heminevrin at that time worked very well because I could get up in the morning and function normally. It was a quick-acting, short-lasting way of sleeping.
- D
- Q What you told us is that you started to look on the internet. Did you say at the beginning of the year 2002 or early 2002?
A Early 2002. I left my job at the beginning of the year and gradually in the run-up to September, I start looking. I think I read an article in a magazine about drugs on-line – Mexican pharmacies and such like – and I typed into my browser, “Where can I buy Valium?”
- E
- Q What we know is that you came across Dr Eden’s website in September 2002?
A Yes.
- Q Should we have a picture of you browsing the internet for a number of months before you came to his website?
A No, not a number of months. I would have said weeks, if even that.
- F
- Q What you have told us is that you decided that Valium looked quite good?
A Valium looked good. It was cheap and the properties of it looked appealing.
- Q You told us that your GP would not even have discussed ---
A Oh, he would have discussed, I have no doubt. Dr Cowan and I have had many discussions. I think he probably would have discussed and then he would have been reserved due to the addictive qualities of the drug.
- G
- Q Can I just understand. Before you were looking at Dr Eden’s website in September 2002, had you had Valium prescribed for you before?
A Yes, in very short doses. I have had Valium since in very short doses at university and I have problems with the pain in my leg and I was taking two days’ worth of Valium to sit my exams, so I could actually sit for three hours without having to get up and walk about and disturb the other students.
- H
- Q Can I just understand then because you did say that your GP would not have considered prescribing Valium for you.

A A Not then, no.

Q He had prescribed it for you, had he not, before trawled the internet?

A Yes, in very short doses over a period of perhaps a week. I could have something, several days' worth, and then very much Dr Cowan's argument was it loses its effectiveness within X amount of time; that is when it stops. It was within a specified framework. I would have an appointment with him. It would be prescribed. I would have an appointment with him when it finished – end of.

B

Q I am not going to ask you to look at medical records.

A I would love to look at my medical records but it is a bible.

Q If you would like to, I am perfectly happy that you should. I would like you to look at page 16, if you would. There is an entry; it is not signed.

C A That is Dr Cowan's handwriting.

Q I am grateful for your help. It is for 8 January 2002, which of course was a number of months before you went on-line to e-net.

A That was the week after I had been assaulted at work and I had my neck in a collar and I was suffering chronic muscle spasms in my neck. The Diclofenac suppositories were for that reason, anti-inflammatory, and the diazepam was to reduce the muscle spasms in my neck. Shortly after that, I attended physiotherapy for the injury that the boy had caused.

D

Q I understand but you were prescribed the diazepam in the January?

A Yes.

Q And there was a further prescription I think on 14 January?

A Yes. The 21 was a week's supply and the 14 was a continuation. I would have thought after that my collar had been removed and I was still having problems with my neck.

E

Q I do not know that the pages are in the correct sequence. I think if we want to move on in time we have to go firstly to page 17 and then to page 15.

A Let me work back.

Q Page 17 takes us to March 2002; 15 takes us to April and beyond 2002. Then I think the sequence is as one would hope. If one continues to go to 14, diazepam prescribed again in July, towards the end of the month.

F A Yes. My mum collapsed in the bathroom and I had to lift her and I really pulled the muscle in my back.

Q I do not know, Mrs Hutson, but if you go back to the bottom of page 15 ---

G A I am looking at 23/7.

Q I am looking at the second problem on page 15. I am not going to read it out.

A By all means. I worked in a unit with children who accuse staff of many things. Yes, I was accused of assaulting a child. I have no problems

Q I was not going to read it out. You were suspended. I do not know if that brought the stresses which the note suggests and whether that caused you difficulty sleeping.

H

A A No, it did not cause it. It was practice and it was a very regular occurrence in our unit that people would be accused. I was the night attendant when it happened and I was accused along with the project worker who worked at the time but you do not have him here to back me up. I was suspended for one week. I missed two nights at work and the project worker I think actually lost a week at work.

B Q On 27 July, on page 14 that we have just looked at, a prescription for 10 days; another prescription on 12 August; and another prescription for diazepam I think for nearly three weeks, on 24 August, if it is.

A You are saying that is August.

Q I think the bottom entry on the page.

C A I have a staple through it, so I cannot tell. I take your word it is August. Are you questioning the fact that I was taking diazepam from my GP but in every one that is there I saw my GP face to face. Every single one there that I can see that is written is due to a face to face consultation not a click on the internet to a nameless somebody or to a faceless somebody.

Q I do not know what "S" and "V" stand for, one may refer to surgery and the other may refer to visit. You went on line, and we have got the date of 3 September 2002.

A Yes.

D Q What you said to us was that you decided that Valium "looked quite good".

A Valium looked quite good. The one in August that you can read there, I totally acknowledged the risk of dependency. It was coming to an end, probably.

Q It was not just that it looked quite good; you had had quite a lot of Valium in the past?

E A Oh yes, yes. It looked good. It was a way to get it. It looked very good. I did not – it was not prescribed for me, I asked for it and received it. It was not through a consultation. I did not go and speak to a doctor; limp in, complain of the pains in my back and my leg. I typed "low back pain and sciatica" on to a website and was given the drugs immediately.

Q What you have told us is that you lied on the form?

F A The only thing I lied on the form was I said I was taking coproxamol instead of dihydrocodeine because I requested dihydrocodeine. Coproxamol is probably the drug that would be prescribed before that. It certainly had been for me. It was the one down a rung on the ladder, and I hoped that by saying that was not working or by saying the pain was bad that when I requested dihydrocodeine that would be agreed, and it was agreed within less than a day.

Q I think what you have told us and what the form the Panel have seen suggests is that you were being prescribed six tablets a day of dihydrocodeine.

G A 180, yes, two three times a day – by Dr Eden?

Q Yes.

A Yes, 180.

Q Which was six tablets a day, if you spread them out over a 30-day period.

H A If you spread them out over a 30-day period.

A Q And you have suggested that you did not.
A No, I did not.

Q Dr Cowan was prescribing was it 16 a day or 14 a day during the period that you were on-line, can you help us?

A I would have thought 16 a day then. Certainly I have worked my way back down and I am now sitting still at 16 a day.

B Q The Panel have, and you have, on page 13, in the middle of the page, the doctor's handwriting as to 16 dihydrocodeine tablets a day.

A Uh-huh.

Q And amitriptyline as well.

A Yes.

C Q Did you ask Dr Cowan for diazepam as well?

A I would have thought – you are saying that is what – I would have thought December I was still probably receiving some by him then. I think I had them over the Christmas period, possibly.

D Q Are you saying that you had additional diazepam, as it were, from Dr Cowan?

A Yes. Certainly to get through Christmas, yes.

Q You have told us that you became devious, or you were devious.

A I was incredibly devious, yes. I made up stories. I gave reasons to ask for early – I never received more than the prescription, the amount that was initially prescribed, but I requested it earlier and earlier.

E Q Are you able to tell us how much earlier?

A No.

Q Was it a week before the end of the period? It cannot have been a week into the period can it?

A No, but ...

F Q If at all, it must have been a few days before the prescriptions was due to run out.

A No, I would have said four or five days towards the end – perhaps earlier than that. I certainly requested twice, saying I was going on holiday, and that would have been a week earlier.

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

G MR ENOCH: I have no re-examination, thank you.

H

A THE CHAIRMAN: Mrs Hutson, at this point members of the Panel may ask you questions as well, and if they do I will introduce them and explain whether they are a lay or a medical member of the Panel. (NONE) None of us have any questions of you, Mrs Hutson, thank you very much indeed. In which case there can be no re-examination after that. Thank you for coming today and giving us your evidence. You are now free to go.

(The witness withdrew)

B MR ENOCH: Sir, the next witness is going to be Patient X, who I suspect is going to be some considerable time give some considerable detail. I wonder whether we might rise a little early and possibly start a little earlier.

THE CHAIRMAN: We will rise for lunch now and come back at 1.50.

C MR ENOCH: Could I just add, we knew, as it were, fairly late in the day the extent of the admissions in this case and we have had to set up our witnesses on the basis that everything was going to be contested and we have had to produce time estimates of how long each witness would be on that basis. As a result of that – and I do not make any criticism of anybody arising out of it – we may finish evidence early on any particular day, and I am thinking particularly that on day three we might have that problem but we are trying to do what we can to resolve that by bringing witnesses forward, but, of course, the Panel will appreciate that a lot of them are professional people with commitments and so we are doing our best. Can I simply put a marker down that there may be difficulties in the timing, although the 10 days that have been put aside for this case is going to be much more than enough now in the light of where we are.

THE CHAIRMAN: Thank you.

E MR JENKINS: Can I give you that reassurance, certainly from my perspective. We will not overrun 10 days. There is absolutely no risk of doing so.

THE CHAIRMAN: Thank you very much for that assurance. I am once bitten twice shy, I have to say, in some of this. All I assume is that you will not bring witnesses forward if it is not necessary because heads of charge have been admitted. Who you bring forward is, of course, entirely up to you, but because you have them here you do not have to, as far as the Panel is concerned, bring them before us.

F MR ENOCH: Nor as far as I am concerned, but the defence have asked for all witnesses.

G MR JENKINS: Can I just explain? The process is this: on the doctor's part admissions are made or not, as appropriate. It is then for the GMC to decide which witnesses they want to call. I am given statements from each of the witnesses that the GMC propose to rely on, and if I agree every word of the statement then they can be read out or handed to the Panel. If I do not agree every word we have to look at things afresh and often that will mean a witness has to be called. I am sorry about that ...

MR ENOCH: Or for me to edit.

H THE CHAIRMAN: Or the statements are not put in at all.

A MR JENKINS: Mr Enoch is entitled to place before the Panel what he wants to place before the Panel, notwithstanding that there are factual admissions to various heads of charge. You can be reassured that Mr Enoch and I are certainly discussing whether witnesses need to be called or not, and it may not be that we reach agreement in every case.

B THE CHAIRMAN: I understand entirely: he wants to put a statement in and you do not agree with it all then you are entitled to hear from the witness. If he does not want to put the statement in then we may not hear the witness at all.

MR JENKINS: If we can agree a form of editing then it may be that an edited version of the statement can be placed before you.

THE CHAIRMAN: That is fine.

C MR JENKINS: It requires both of us to agree, and if we do agree we can do that.

THE CHAIRMAN: I understand that. Can I just be clear, Mr Enoch, which witnesses you have got left today?

MR ENOCH: Just Patient X, but he is going to be some time.

D THE CHAIRMAN: I understand that, and then you will attempt to bring any witnesses forward that you can as we go on. It would be helpful each day from my perspective if I had some sort of feel from you, say at the beginning of tomorrow, as to how you see the day going from your perspective.

MR ENOCH: I will review the plan, if I may, at the close of play today.

E THE CHAIRMAN: That is absolutely fine. We will now come back at 1.55.

(Luncheon adjournment)

THE CHAIRMAN: Mr Enoch, I think you are going to call Patient X.

F MR ENOCH: I am. Before I do I will take the Panel to Bundle 3, which is the file that concerns this patient specifically? So the Panel know what they have got in this file I will briefly tell you what is behind each tab. Divider 1 has the joining form, an example of which we saw with Mrs Hutson. At divider 2 we have what we did not have with Mrs Hutson, which is the e-mail traffic, effectively, between the patient and Dr Eden over the period that he was treated by Dr Eden, so this is material that has come from Dr Eden as a result of our inquiries. There was not anything that we received in relation to Mrs Hutson, but we have had this material in relation to Patient X. Would you fold down the corner of page 70

G because that has on it notes of the consultation, which I suspect is still in dispute, which took place in June 2005, and you will remember that I opened the fact that there was a face-to-face meeting, and the notes apparently arising out of that would appear to be on page 70.

H Behind divider 3 we have at pages 1-51 a schedule of prescriptions and copies of the actual prescriptions issued by Dr Eden as a result of the on-line consultations, and then you will see a further schedule, re-starting at page 1, going up to the end of divider 3, page 20, and they

A are the forged prescriptions which were created by Patient X from 24 October 2005 to the end of the year. The Panel will remember that I opened that as well.

Behind divider 4 we have the patient's own general practitioner records, so a fairly complete bundle in relation to this patient: I will now call Patient X, please.

B THE CHAIRMAN: For the benefit of anybody who was not here at the beginning, I would emphasise that this witness, who was originally named in the heads of charge is now Patient X and we would ask you all to respect that anonymity.

PATIENT X: Sworn
Examined by MR ENOCH

C Q (After introductions by the Chairman) We are going to call you Mr X for the purposes of these proceedings, but would you write your name and address on the piece of paper which will be provided to you?

A Yes, okay, that is done. (Same handed to the Panel members and counsel).

Q I think you were born in 1965?

A That is correct.

D Q Do you still live in Swansea?

A I do.

Q Do you have a general practitioner who has been your general practitioner for the last few years, called Dr Fareedi?

A That is correct.

E Q I think by qualification are you an engineer?

A That is correct.

Q And you have specialised in various electronic areas?

A Mainly in the surgical and cosmetic laser industry.

F Q Is it right that, partly because of the stress of your job and other reasons, your health started to deteriorate in or around 2003?

A That is correct.

Q Did you go to your general practitioner in relation to that and receive medication?

A Quite possibly, I am not absolutely sure.

G Q We are going to hear from in any event and we have your records.

A Yes.

Q Do you recall receiving zolpidem and zopiclone sleeping tablets from your general practitioner to help you with your sleep?

A Yes.

H

A Q I want to ask you about how you came to visit the e-med website and start receiving prescriptions from Dr Eden: can you remember roughly when that was? We know that it was in July 2003 that you registered?

A Right, okay, well it was around about that time, or just before that time that I was looking on the internet, just typed – just doing some research on the actual drug zolpidem and it came up – I saw a website which was Urban 75, it is for illicit and licit drug use and I saw e-med and Dr Eden’s practice mentioned on that website and there were a number of posts regarding ---

B

MR JENKINS: I am sorry to interrupt. I do not think the posting is necessary to mention.

MR ENOCH: Very well. (To the witness) What were you looking for, what kind of site were you looking for?

C

A I was just looking into the actual zolpidem and the drug in itself, you know, and possible ways of obtaining it, you know.

Q As a result of your researches did you register with e-med?

A I did.

Q Would you look at the bundle in front of you, which probably has got your name on it?

D

A It has.

Q Would you look behind tab 1 in that bundle and confirm that that is a copy of the information that you gave in relation to your registration?

A Yes.

E

Q Did you pay £20 annual membership fee?

A Yes.

Q Did you then complete the questionnaire, a version of which we see there behind tab 1?

A I did.

F

Q Did you say at the time that you were not registered with a general practitioner?

A I am not absolutely sure if I did or did not, to be quite honest with you.

Q Did you at any stage during the course of your filling in of that form reveal that you were already in receipt of zolpidem or zopiclone?

A No, I did not.

G

Q What did you tell Dr Eden was your problem?

A Due to the nature of my job and the fact that I travelled globally and was travelling extensively in different time zones, I genuinely did have sleep problems and stress related problems, you know, so I told – my initial reason for requesting this drug was for insomnia.

Q Did you specifically request that drug?

A Yes, I believe so.

H

Q When you asked for it did you get it from him?

A A Yes.

Q What was the arrangement about dispensing the drug and you receiving it?

A Okay. Initially, what happened was that I would request a prescription from Dr Eden on his website. I would fill in the repeat prescription form, which was a general form on the website, and you just clicked a link on “repeat prescriptions” and you fill in the form and you asked for what medication you may require, which in my case was zolpidem or zopiclone but mainly zolpidem, and then initially, when I first joined e-med, the actual prescription was couriered to a pharmacy in Battersea, Northcott Pharmacy, and then from the pharmacy it was dispensed via special delivery. I would pay the pharmacist for special delivery on the meds and they would get it shipped down the next day by special delivery from Battersea.

B

Q To Swansea?

A To Swansea, yes.

C

Q How long do you think you used that pharmacy for to receive the medication?

A I am not sure of an exact date but it went on for, it must have been ... I anticipate I must have had about 12 prescriptions from that pharmacy, maybe more, but on one occasion the actual pharmacist who I spoke to said that he was very concerned about the level of medication I was having and he refused to dispense the prescription.

D

Q What was he concerned about in relation to the level of medication? Was it the quantity or the frequency, or what?

A The frequency and the ... Because they are really only supposed to be meant for short- term use for ten days, up to a maximum of 28 days, but this was an ongoing thing for ... I anticipate I had over a dozen prescriptions sent this way from Northcott Pharmacy although having contacted them they only have records of me having three prescriptions. I do have credit card receipts for payments to that pharmacy. Unfortunately, I do not have them available because all the communication I had with Dr Eden, I lost that on a computer virus some time ago.

E

Q It is all right because we have got copies of a lot of it. Were you ever refused medication from Dr Eden?

A I was not refused medication as such, I was just told to wait a bit longer. I was never actually refused the drug during the course of my time with e-med.

F

Q Was there any discussion between you and Dr Eden as to when you should order your next batch of medication in relation to when the current lot would finish?

A Yes. The general practice was that you had a standard email returned to you saying that your prescription has been dispensed and there was always a line or a paragraph there saying it is always best to order a week before your meds run out to make sure that you are constantly in supply of your medication. That was always accompanied with the email confirming that the script was in the post.

G

Q How did your intake of these drugs develop over the next year or two?

A After I joined e-med or before?

Q After you joined e-med?

A You develop a tolerance to the drug. I am not a doctor, but I do know that you develop a tolerance from personal experience and my tolerance started to grow, to the extent

H

A that one tablet, which was 10 mg per night, would not suffice. You would have to take maybe twice or three times the recommended dosage to have the desired effect, so as a result my tolerance was increasing and my need for the drug was increasing.

Q How did you satisfy that need?

A Through my GP, through Dr Eden and through internet sites.

B Q When you say Dr Eden, how much were you getting from Dr Eden and were you getting medication from Dr Eden via other ways?

A Yes. I was getting medication from Dr Eden. First of all, it was just on a monthly basis as per normal. When my tolerance increased and my actual addiction became apparent to me, that I solicited the help of friends, my ex-girlfriend joined as a member and a close friend of mine joined as a member of e-med.

C Q What was the idea?

A To procure drugs for myself.

Q Who filled in the questionnaire for them?

A I did.

D Q Who got the drugs?

A The drugs were shipped to the actual person who I nominated.

Q And then handed on to you?

A Yes.

Q How easy was it to do that?

A It was quite simple, very easy. It was easier than going to my own GP.

E Q So you had three lots of ---?

A Yes, this only happened for a short period of time. It was not an ongoing thing. It was just like maybe one or two, three prescriptions, because they were reluctant to do it anyway and they did not want to see me get myself into further trouble really with the drug use.

F Q What other methods did you use to get more drugs out of Dr Eden?

A I would tell him often that my prescription did not turn up in the post, because I do live in a block of flats, and I said that the script had not arrived.

Q How many times do you think you told him that?

A It could be maybe a dozen times, or more maybe.

G Q How would you communicate that to him?

A Via email.

Q Addressed to who?

A Dr Eden.

H Q Did he ever question you, or was it always accepted?

- A A They were not searching questions, no. It was just, “Okay, we’ll get another one off to you” or “Please wait another few days.”
- Q How much do you think you were spending on Dr Eden at the time when you were, for example, recruiting your friends to get medication from him as well?
- A Personally I was spending – it was £15 per prescription thereafter, plus the cost of medication. I was spending about £60 a month, maybe £80 a month. I am not absolutely sure. It is a ballpark figure.
- B Q How were you paying?
- A Initially, I was paying with my sister’s credit card but when I run up a big bill on the credit card she stopped it and then I used to send off postal orders to Dr Eden in the end.
- C Q How did your relationship with the pharmacies in your area develop as you took more and more scripts to be dispensed?
- A When my option of Northcott Pharmacy was cut and the pharmacist refused to dispense the medication, Dr Eden said that he would post the script out to me and I could take it to my local pharmacy, which I did for some considerable time, for quite a number of years, but in my local area the pharmacies were, well, raising their eyebrows really and they were getting concerned that I was not receiving a consultation for this medication and generally it is not prescribed long-term. So, I was turned down on a number of occasions at different pharmacies and again refused medication. They would not dispense the prescription.
- D Q Did there come a time in and around the middle of 2005 when things came to a head and you went to see a mental health practice nurse at the surgery and told her that you were getting drugs from Dr Eden on the internet?
- A Slightly earlier than May 2005.
- E Q Thank you. Go on.
- A I know that because my brother passed away in May 2005, and so it was around the end of 2004. I am a little bit vague on the actual dates, I am afraid.
- Q I do not think it matters too much, but did you undergo a detoxification at about that time?
- A I did, yes.
- F Q Was it successful or did you relapse?
- A I relapsed. I discharged myself after about five or six days thinking that I was over it, but I immediately relapsed and then I phoned e-med for another prescription upon discharge.
- Q So you got out, you relapsed, and you wanted to get more of the drugs, and where did you go?
- G A I phoned e-med.
- Q Did you get them?
- A Yes.
- Q Were you getting any drugs from other websites?
- H A Yes, I was getting drugs from internet-based pharmacies from overseas.

- A Q As well?
A As well.
- Q When did you first meet Dr Eden?
A I believe I first met Dr Eden ...
- B Q It is not a memory test. We have got a record. Was it mid-2005?
A Yes, it was after my brother's death. He requested that I see him for a consultation, so I travelled up from Swansea to London.
- Q Tell us what you remember about the consultation?
A Okay. It was a very, very brief consultation. I remember waiting in the waiting area of the e-med practice and Dr Eden came in from the back door, having just smoked a cigarette, and said, "Pop in quickly." I popped into his room and we had a brief chat; "How are things going? How is the job?" and I said I was busy and I had just had a bereavement with my brother, and I think the consultation lasted perhaps five minutes or less. I asked him for a prescription for zolpidem, which I had. He wrote it out there immediately in front of me and I took it to the pharmacy within St John & St Elizabeth Hospital and they dispensed the medication.
- C Q Apart from asking you general questions about how things were going and you mentioning about your bereavement, were there any other medical matters discussed?
A None. As far as I remember, nothing whatsoever.
- Q Were you examined at all?
A No, never.
- E Q Did what had occurred strike you as a proper medical consultation?
A No, it seemed perfunctory more than anything else.
- Q Anyway, you went off with a script. Is that right?
A Yes.
- F Q Were you receiving any other medication from Dr Eden at this time?
A I did used to get prescriptions of zopiclone, which is a very similar drug to zolpidem and I did have some tramadol one time off Dr Eden and I had some temazepam, 30 mg per night. That prescription was only given to me once, just to try out a different drug really.
- Q Whose idea was it to have temazepam?
A I think it was Dr Eden's idea.
- G Q Did you ever see him again, or try to?
A Yes. I saw him again then, I think it was October, just before I went ... I was on a job working up in that neck of the woods and I had to pop in for a consultation. I think it was around September 2005 and I waited in the surgery for about 45 minutes. I was slightly late for my appointment and Dr Eden was running late and I said I had to make my way to Bury St Edmunds, which was a fair way off from the centre of London, so I did not actually have that consultation with Dr Eden.
- H Q Did you speak to him at all?

A A Yes, I did. I phoned him and said ... What happened was I actually got lost and then I went round in a full circle and ended up back outside Dr Eden's practice and said, "Well, I'm outside now. I can pop in for a consultation if you want." Dr Eden's reply was that, "It's okay. You've got more important things to do" or words to that effect, and "I'll cut you some slack and I'll give you another two months grace", before my next consultation.

B Q So you were outside his premises?
A Yes.

Q Offering to go and see him?
A Yes.

C Q But effectively he was saying "Don't bother, I'll give you two months' grace"?
A Yes. My brother was with me at the time.

Q Did you get further prescriptions then?
A I did. I requested a prescription from Dr Eden, which he refused, but I did remind him of our conversation on the telephone, to which he replied, "Okay, fair enough, I'll cut you some slack", the words he used, and I think I had another one or two prescriptions off him up until October.

D Q In October did your method of obtaining these drugs change?
A Yes.

Q How?
A Out of sheer desperation and my financial situation, and a poor lack of judgement really because I was taking so many of these tablets that I was not really fully mindful of what I was doing, I embarked upon a silly plan to duplicate Dr Eden's prescriptions.

E Q How easy was it?
A Initially it was quite easy at first. The first few attempts were quite crude but afterwards I copied them almost identically.

F Q Without going into too much detail, it was using a computer scanner and Conquerer writing paper?
A That is correct.

Q Were you able to obtain further prescriptions in that way?
A Yes.

G Q Where would you take those prescriptions?
A I would take them to various pharmacies. Generally I would take them to a supermarket pharmacy, for example Tesco, Sainsburys, Asda ---

H Q Is there any particular advantage in going there?
A Yes. I used to go after hours, because if a pharmacist wanted to verify the validity of that document then Dr Eden's practice would be closed and they were open longer hours for me. I could not use my local pharmacies because they all knew about me anyway, so I had to go further afield really.

A Q In due course in, December did you receive a telephone call from DC Karl Landeg of the police?

A Yes.

Q Did it become clear that he knew what had been going on?

A Yes.

B Q Did he adopt a sympathetic approach to your position?

A He did, yes.

Q Did you tell him about what you had been doing in relation to Dr Eden's prescriptions?

A Yes. He said that he knew that I was putting about forged prescriptions. I am not absolutely sure, but I believe he was looking into Dr Eden anyway.

C Q Do not worry about his investigation; we will hear about that from him. To cut a long story short, it was not all over for you at this time, but the police became involved at this point, did they not?

A Yes, they did.

D Q Your medical problems and your addiction to the drugs clearly continued?

A Yes.

Q With that came further problems, but that was the last time you got anything from Dr Eden. Is that right?

A In October was my last genuine prescription, yes.

E Q You can be asked about things that happened after that if it is relevant. I am not going to. In due course did you tell Dr Fareedi, your GP, about what had happened with your obtaining those prescriptions?

A I did eventually confess to what was going on to the mental health nurse.

Q Can we just have a look in that bundle again and look behind tab 3? You will see there we have got a list of what are called genuine prescriptions, in other words, prescriptions that were issued from e-med?

F A Yes.

Q Do they look like the prescriptions you got from e-med? They go up to page 51. Turn over the page. Just looking at those prescriptions actually on the schedule, Mr X, you were just looking at then ---?

A Yes.

G Q I just wanted to ask you to clarify what your position is about the Northcott Road pharmacy?

A Well, they are omitted for some reason.

Q So as far as you are concerned, there were a substantial number of other prescriptions that you got from the Northcott pharmacy in Battersea.

H A Definitely, yes.

- A Q How many do you think in total?
A I must have had over a dozen.
- Q Between roughly what period would you say?
A When I first started with e-med, that was his method of dispensing the medication to me.
- B Q Were you registered in July 2003?
A With e-med?
- Q Yes.
A As far as I am aware. I am not sure. I must have been.
- C Q You reckon about a dozen prescriptions dispensed at the Northcott pharmacy.
A Yes, because he was alarmed at the amount of medication I was receiving, but I do not see any from Northcott pharmacy here.
- Q The Tawe pharmacy, what is that?
A The Tawe pharmacy, that is a pharmacy that is very close to me, that is very near my neighbourhood.
- D Q Similarly, with the one below that.
A Yes. The Tawe pharmacy, Port Tennant pharmacy and the Sainsbury's pharmacist all refused to dispense medication to me.
- Q If we go on to page 51, and then the next page you see a schedule of what are described as forged prescriptions, and are these copies of your forgeries which were dispensed, as you say, at various supermarkets generally speaking in the Swansea area?
E A This first one I am looking at is a genuine prescription.
- Q How can you tell?
A Because I never put "Christian name [name given]".
- Q Careful with the name there, Mr X.
A I am sorry.
- F Q I think there is only one of your Christian names there, is there not?
A Yes. These are genuine prescriptions.
- Q You think those are genuine, do you?
A These are genuine prescriptions, yes.
- G MR JENKINS: Sorry, which ones?
A The first ones I am looking at.
- MR ENOCH: Which ones are you looking at?
A I am looking at, after you said turn over, the schedule.
- H Q Forgive me, you are looking at the wrong ones. Go to page 51 at the bottom in the middle.

A A There we go.

Q Now, turn over the page and you should have another schedule which is headed "Schedule of prescriptions (forged)". You have not got it?

A No, I cannot see it there.

B Q It is the page after page 51. So you have got two sections in tab 3, and those should be, as I understand it, copies of your forged prescriptions that were dispensed from Tesco's, Co-op, Sainsbury's and other places. Have a look and tell me if we are wrong about that.

A No, this is a genuine prescription.

Q You think those are genuine, do you?

A Yes, I can tell by the stamp. Well, at least I think so.

C Q Have a look at the dates. They are October, late October, November, November, December. Were you getting genuine prescriptions from Dr Eden in November and December?

A No.

Q So are those forged or real? They are the ones you presented in November and December.

D A Yes, these are the actual forged documents, yes.

MR ENOCH: Obviously very good forgeries. That is all I have for you. If you wait there, please.

Cross-examined by MR JENKINS

E Q Where did you get the stamp from, Mr X, on the forged prescriptions?

A I had it made up by a rubber stamp manufacturer.

Q How did you do that?

A I photocopied the copy of Dr Eden's stamp, I then (with Microsoft Word) copied it with Microsoft Word, and then e-mailed it to a rubber stamp manufacturer to manufacture it for me.

F Q Did you tell them you were a doctor?

A No, they never asked.

Q They never asked you. Did you tell them what the stamp was to be used for?

A They never enquired.

G Q Did you tell them what it was to be used for?

A They never enquired.

Q Now, leaving aside the stamp, the form of the document, did you use your computer and a printer to print those out, draw them up?

A Yes, I did.

H

- A Q If you look at, after page 51, page 3 perhaps is a clear copy because it has not been through a fax machine. Do you have it, the one with your name and a Co-op pharmacy stamp for 6 November 2005?
A Yes.
- B Q You forged this document; you made up this page.
A Yes.
- Q You used the stamp that you had asked a company to print out for you.
A Yes.
- Q Did you choose the paper carefully so as to match as best you could the paper that Dr Eden had been using for his genuine prescriptions?
A Yes.
- C Q Did you mislead Dr Eden at any stage?
A Yes.
- Q Tell us how.
A Well, he asked me if I was receiving medication from elsewhere, and I told him "No", and he asked me if I was registered with a GP, and I said "No" to that.
- D Q Did you tell him that you were not being prescribed zolpidem and zopiclone by your GP or anybody else?
A Did I tell him?
- Q Did you tell him that you were not receiving zopiclone and zolpidem by anyone else?
A Yes. On his website it asks "Are you receiving this medication from elsewhere?" and I ticked "No".
- E Q Every time you filled in the form seeking a repeat prescription, were you asked effectively whether anything had changed?
A Yes, I believe so.
- Q Did you always say that nothing had changed?
A I may have communicated with Dr Eden via e-mail to tell him that I was having a particularly bad time, or I may have said that I am particularly stressed out at the moment and need a further prescription. I informed Dr Eden that my tolerance was going up.
- F Q Well, my question really, Mr X, is were you misleading Dr Eden continuously during the period that you were being prescribed by him?
A Yes.
- G Q Were you also using other internet sites to obtain medication?
A Yes.
- Q Was there a site called Overture?
A Yes, that is correct.
- H Q Overturepharmacy.com.

A A Yes.

Q Was that a website where you just handed over your credit card details and requested the drug that you wanted?

A Yes.

B Q You did not have to give a questionnaire.

A Not as far as I remember.

Q You did not have to give any medical history.

A Not as far as I remember.

Q Nobody asked for any additional information.

A I do not think so.

C Q Did you get a significant amount of drugs from that site?

A I am not sure of the exact quantity, but they went out of business shortly afterwards, and they were not a terribly reliable method of getting the drugs.

Q Well, I am just reading from your statement – for those who have it, it is paragraph 21:

D “There was one particular website that I obtained a significant amount of drugs from, namely_www. overturepharmacy. com.”

A Yes.

Q Did you say that from that website you think you were probably asking for a couple of hundred tablets at a time?

E A Yes.

Q Taking maybe 70 to 80mg a day.

A Yes.

Q Did you say as well of that website – and again for those who have it, paragraph 26 – “I believe the majority of my medication by early to mid 2005 came from the Overture pharmacy”.

F A Yes.

Q Is that right?

A Yes. I am not absolutely sure of the quantity I obtained from that, but I obtained quite a number of tablets from them.

G Q I am just going to ask you about that one sentence again, “I believe the majority of my medication by early to mid 2005 came from the Overture pharmacy”.

A Yes.

Q That is right, is it?

H A I believe so.

A Q Was there another site as well, one in Germany, that you have used?
A Yes, only recently.

THE LEGAL ASSESSOR: Mr Jenkins, I do not think anything turns on the date, and the Panel do not have the statement but I do, and the sentence you just put has been altered in my copy in handwriting from the year 2005 to the year 2004, and initialled by the person I assume is this witness.

B MR JENKINS: Well, it is not in my copy, I have to say. Maybe I have got a newer or later version.

A I did amend the original statement, which I sent back to Field Fisher Waterhouse, with regards to the dates.

C MR ENOCH: A final version has been served on the defence and it has been altered to 2004 and initialled by the witness.

MR JENKINS: Oh, well I am grateful to hear that. I have not seen it. I am reading what I have got in front of me. (To the witness) The German website, can you tell us how that website worked?

A You have to fill in a questionnaire, a brief medical history, again provide credit card details, and they ship them as you request.

D Q Did you communicate with a doctor on that German site?
A I have only just recently used them, only once or twice.

Q Well, were you communicating with a doctor?
A With my own GP?

E Q No, no, on the German website.
A No, there was---

MR ENOCH: Two wrongs do not make a right. What is the relevance?

A There is no doctor to communicate with. You do not communicate with a doctor, you just put in your request and it is automated, it is all automated.

F MR JENKINS: Can we look at your e-mail traffic with Dr Eden, please. I hope you have some of the documents there. It should be in, I think, the second tab of the binder that you have. You had a computer virus so any e-mails that were on your computer, are they still available to you, or not?

A No, I have no e-mails whatsoever from Dr Eden unfortunately.

G Q Did Dr Eden indicate on a number of occasions that he wanted to review things with you?

A Not as far as I am aware. He kept dispensing me the medication.

Q Can we look at page 50, please. I am going to deal with a number of topics with you as we go through these documents, Mr X. This is a document which bears the date September 2004. He gives your first name and says:

H

- A “sorry for the inconvenience, but we need to review your [medications]. Your last was 2 weeks ago As you know it is always best to monitor your condition that requires you to take this medication. So for this scrip could you please arrange to come in and see us at our base in St Johns Wood”.
- He gave a phone number.
- A Yes.
- B Q Do you agree that that e-mail was sent to you?
A I have no recollection of it.
- Q Do you accept that that was an e-mail that was sent?
A It is quite possible, yes, but I do not remember attending a consultation with him for that date.
- C Q No, that was the date that the e-mail was sent to you.
A Yes.
- Q He was asking for a review.
A In what manner?
- D Q Well, to come in and see him.
A I do not recall seeing him.
- Q No, that is a separate issue, with respect. I am just asking if you recall being asked to see him, and him indicating that it is best to monitor your condition.
A Well, I have no recollection of this e-mail, I am afraid.
- E Q No, I understand. We have heard you say that. Can you turn to page 56. I think your job involved travelling to different parts of the world, as you have told us, and being in different time zones.
A Yes.
- Q You have told us you were saying to Dr Eden that you had difficulty with the post.
A Yes.
- F Q The last paragraph of the body of the e-mail at the top of the page suggests that you should:

“Please re-order a repeat prescription a week in advance if you want to guarantee that your medication will not run out if the post is delayed.”
- G A Yes.
- Q Can I take you on a few pages to page 59, please. Just in relation to temazepam, since you have mentioned it was prescribed for you, I am just going to pick up the two references I think that there are in the documents. We are in March 2005 and you are writing to Dr Eden, Mr X, and saying you found temazepam to be ineffective, “they take a long time to work”.
A What are you asking me?
- H

- A Q I am just inviting you to agree that that is an e-mail that you sent.
A It looks like. I have no recollection of it though.
- Q If we go on, please, to page 66, and I am afraid this is in an order which is not helpful, this is two weeks before the e-mail that we have just looked at at page 59, the e-mails have been put in a non-chronological order. This is 23 February, I suggest, 2005, where Dr Eden is suggesting that you try temazepam for a month, and he suggests:
- B "I do think you should see a sleep specialist as well at some point and we can refer you privately if you wish."
- Do you remember him saying that, and your response being as at page 59, "I have found temazepam to be ineffective"?
- C A So my reply to this e-mail is on page 59, are you saying?
- Q I think it is, yes. Do you remember that exchange of e-mails?
A Not specifically, no, I do not, I am afraid.
- Q Page 68, please. It is your e-mail, I think, asking for a repeat prescription, Mr X, and Dr Eden responding:
- D "We did a months worth on the 23 [March] so this is too soon. Because of the risk of abuse and addiction of certain medications, it is medically advisable that we also inform your NHS GP/Family Doctor that we prescribe."
- Do you remember that?
A No, I do not.
- E Q You do not?
A No.
- Q I think again the pagination has gone awry for the next e-mail traffic, and the next one may be page 67 which bears the date of 22 April, or page 69 which bears the same date. You did go and see him in June, I suggest, 2005.
- F A Yes.
- Q What I suggest was that there was a conversation with him in which he asked you about how you were getting on.
A Yes.
- Q You told him about problems with your job, that you were flying around a great deal?
A Yes.
- G Q And that this was to different time zones?
A Yes.
- Q Did you say you were tired?
A Was I tired? I could well have, yes.
- H Q Did you say that the zolpidem helped?

A A I do not recall. No, I do not recall that. It was a very, very brief consultation. It probably took less than three or four minutes. It seemed a complete waste of time to me to come up to London from Swansea.

Q Do you remember what time of day it was?

A It was probably afternoon.

B Q Do you remember what time you got there?

A I do not remember what time I got there, no.

Q Do you remember what time you left?

A Within about five minutes of seeing him.

C Q I suggest there was a discussion about the medication you were taking, how you were getting on, why you needed to take it and matters of that nature. Do you think that might be right?

A It is possibly but very briefly. There was no discussion as to whether or not I should come off the drug or seek any specialist help.

Q Were you still misleading him at that point?

A Yes, but he just asked me what I wanted.

D

Q Were you keen that he should be misled as to what you were actually receiving and actually taking?

A Sorry?

Q Were you keen that he should be misled as to what you were actually taking and actually being prescribed?

E

A Being an addict, yes.

Q Were you also being prescribed by your GP?

A Yes.

Q Did you tell Dr Eden that?

A No.

F

Q Can I ask you to turn to page 76, please? This is an e-mail that bears the date at the top of the page 12/9?

“We did this 6 days ago but will reissue, but that means a month before the next.”

G

A Yes.

Q He was reviewing your request for more medication, was he not?

A Yes, but I think it must have come to Dr Eden’s attention that this was getting out of hand.

Q Can I take you on to page 80, please?

H

“No more until I see you I’m afraid. Pales call and book an appointment.”

A

A Yes, this was the last communication I had with Dr Eden I believe, going from the date.

Q You turned up an hour late for the appointment, did you not?

A Yes, approximately.

B

Q Why was that?

A Because it is difficult to be on time sometimes when you are travelling.

Q Was he dealing with an emergency?

A I have no idea what Dr Eden was doing at the time. I have no idea whatsoever. I did not speak to him.

C

Q He was not able to see you?

A No. There was no reason given. He was just busy. I presented myself to the practice there.

Q Is this your e-mail on page 81 dealing with the visit?

A Yes, that is correct.

D

Q Was it after that that the prescribing stopped?

A I believe so, yes.

Q It was then that you started to forge the prescriptions?

A Yes.

Re-examined by MR ENOCH

E

Q You say that the doctor must have realised that this was getting out of hand. This was in June 2005.

A Yes.

Q You say that he asked you to come and see him?

A Yes.

F

Q And you only saw him for three or four minutes?

A Yes.

Q Have you any idea why he asked you?

A Perhaps it is just a formality, that he has to give a consultation.

G

MR ENOCH: Did he ever mention that only the previous month he had appeared before the Interim Orders Panel of this committee?

MR JENKINS: Is that a leading question?

THE WITNESS: I am sorry. I did not hear the question.

H

A THE LEGAL ASSESSOR: There has been a severe procedural irregularity. I think I need to speak to the lawyers, if I may.

THE CHAIRMAN: We will adjourn for five minutes.

(The Panel rose for a short time)

B THE LEGAL ASSESSOR: Chairman, this is unusual. In fact it is a matter of policy that Fitness to Practise panels do not get to hear until a later stage in your deliberations about any Interim Orders Panel proceedings in connection with a practitioner appearing before you. It is agreed between the parties that it is appropriate in this case that you should know that on a particular date there was such a hearing. I do not say it is agreed but it is my advice to you that it is not appropriate to deal with it through this witness.

C MR ENOCH: I do not think any gross foul has been committed.

THE CHAIRMAN: No, but I think the point that was also raised, unless I misunderstood it, is that you were verging further than just re-examination.

D MR ENOCH: Yes, certainly. I will be quite frank. I wanted the Panel to have everything in context now rather than me introducing into evidence later by a different means what had happened the previous month. I am simply trying to make the Panel's task easier by putting everything into context as I go along. Technically, it should have waited probably until a matter of admission could be made later between the parties. It certainly was not my intention, nor have I, to take an unfair advantage. I was simply informing the Panel of something which I would be putting to Dr Eden, were he to give evidence.

THE CHAIRMAN: Perhaps we can pass on from there.

E MR ENOCH: Certainly. Mr X, go back to page 50, if you would be so kind, in the e-mail traffic. This is an e-mail dated 8 September 2004 where we see there that on the face of it is suggested that it was a time for a review. Did you in fact go to see Dr Eden between that date and June 2005 at all?

A I am not aware of it, no.

F Q Did you, as a matter of fact, continue to receive your regular repeat prescriptions from Dr Eden despite that fact?

A Yes.

Q On page 66, and this is the doctor's suggestion to try temazepam dated 25 February, that is his response to your e-mail on the second half of the page as I understand it. Can you confirm this:

G "As you are aware, I have had chronic insomnia for a number of years. I have used Zolpidem and zopiclone for long periods of time.

Neither of these drugs work for me anymore."

H There you appear to saying to him unequivocally that zolpidem and zopiclone are not working?

- A A Yes.
- Q He responds by saying, "Let's try temazepam", is that right?
A It seems correct, yes.
- Q Then on page 59 you say: can we go back to zolpidem because temazepam is not working and, "It has been a week since I last took zolpidem...."
B A Yes.
- Q As a result of that, did you go back on to the zolpidem?
A Yes. When I took the temazepam in the doses that were prescribed to me, I found it gave me difficulty breathing taking that quantity and I was alarmed, so I stopped taking them.
- Q Which drugs are these?
C A Temazepam. I found it difficult to breathe taking that quantity, so I did not like taking that drug.
- Q I just want to confirm that in the e-mail that I have read out you were telling him in February 2005 that zolpidem and zopiclone were not working?
A Yes.
- Q But you continued to receive zolpidem and zopiclone from the doctor until late October?
D A That is correct.

Questioned by THE PANEL

- E THE CHAIRMAN: On my right is Dr Willatts who is a medical member of the Panel.
- DR WILLATTS: Good afternoon. When your health deteriorated in 2003, we have been told, and 2004, and you started to obtain your internet prescriptions, would you have welcomed an opportunity to come off those medications?
A Yes. Around that time I think I was starting --- Are you asking me about 2004?
- Q Yes, the early part of 2004. Your prescriptions thereafter were increased. What I am wondering is: supposing some help became available for you to come off the medications, would you have welcomed that or would you not have countenanced that at all?
F A The drug habit itself was having a major knock-on effect in my life with having access to my children. It was causing problems there. Due to my use of the actual drug, it has left me with some amnesia and I can be quite vague about dates, but I was looking then for help around that time to actually detox and try and come off the drug.
- Q Did you have any idea where that help might come from?
G A From my GP.
- Q You would not have expected there to be any caution from any other prescribing doctors?
A Well, Dr Eden, as far as I am aware, has a PhD in psychology and he should know the signs of addiction far better than I should know myself really.
H

A Q You were not surprised that he did not make more effort to perhaps get you off the medication?

A It was far easier for me to get a prescription from Dr Eden than it would be from my own GP, as an analogy.

THE CHAIRMAN: Mr X, I am a lay member of the Panel. Could I just be clear about this question of your GP? We were told that Dr Fareedi is your GP?

B A Yes.

Q When did you first start with Dr Fareedi? I do not mean which month. Let us start with which year?

A Maybe 2002. I am not absolutely sure. I cannot be exact on that date. I do not know.

C Q During all your dealing with e-med, you were registered with a GP during that time, were you?

A Yes.

Q Did you at any stage mention e-med to your GP?

A When I went to see the mental health nurse, yes, I did, and then I sought her advice. We looked into going onto a detox programme and then I actually told my GP that I was getting them from e-med and other sources via the internet.

D Q That is helpful. Can I go back to this meeting that you had in June 2005 in London with Dr Eden?

A Yes.

Q How good is your memory of that website?

E A I do particularly remember travelling up not that day because it is very close to the death of my brother and I remember it was just a quick trip up. I took the train up to London. I may have got there for around maybe 1 o'clock. I am not absolutely sure. The consultation lasted no longer than, my best estimate is between five and seven minutes. It was just a brief chat: "How are things going? How are you feeling? Sorry to hear about your brother." Then I just requested a repeat prescription for zolpidem, which he wrote by hand and he gave it to me to take to the pharmacy within St John and St Elizabeth Hospital.

F Q The reason I ask you the question, just so you are clear about it, I understand your recollection of it happening and the date that it happened, because it is associated with your brother's death.

A I know the month but I do not know the date.

Q But in many respects the questions you have been having difficulty remembering things when questions have been asked of you.

G A Yes.

Q But your memory of the detail of an event which you describe as taking no more than five to seven minutes seems very precise.

A Yes, because I thought it was a complete waste of time really.

H

A Q What I am trying to get at is to what extent that is a memory you genuinely have of this event or whether it is something that you have refreshed on, if I can put it that way, in the interim period, because it is at variation – you have got a very specific recollection ---

A Yes, I know what you are alluding to but I do actually recall my consultation with Dr Eden quite clearly, you know, because I travelled all the way to London just to get a prescription, basically, that is all it was for. I paid the train fare up and back. I paid the pharmacist and paid the £20, I think I paid £20, for the prescription or the consultation.

B I thought it was a complete waste of time and money, so that is why it sticks out in my memory, you know, that I thought it was just a perfunctory visit, if you like, you know.

Q You mentioned that Dr Eden said, “I’m sorry about your brother”.

A Yes.

Q Did you have a general discussion?

C A Yes, I did tell Dr Eden that my brother had just passed away with cancer of the oesophagus, and I was quite – I was bereaved, because I had travelled to Australia to see him.

Q Did you at any stage try and broaden the conversation on to the prescribing, your condition, or anything else or was it that you just took the opportunity and said could you have a repeat prescription?

D A Yes, it was just a quick ... I popped in. It was just a quick chat and he just took me into his room to one side and he just asked me a few basic questions, “How are things going? How are you feeling? I’m sorry to hear about your brother”, and I told him – I also told him I had back trouble as well – because I do have back trouble – and he did mention something about my back giving me problems, back pain, and I think that was the context of the actual consultation. It lasted only for a few minutes. There were no searching questions asked during that time, or suggestions that I should try and come off this drug.

E Q Were there any other people around?

A No, just myself and Dr Eden at the time.

Q What, you just rang the doorbell and ...

A No. You have to go into St John & St Elizabeth’s Hospital and then he met – it is like a building – it is his own practice. I know that he does work with diving chambers, you know.

F Q Is this something you found out later?

A It is quite visible in his practice, you know, you cannot fail to miss it (sic).

Q But this was your first visit there, was it?

A As far as I am aware yes, that was my first and only visit to Dr Eden.

G Q Were his offices up on the first floor or what?

A No, they were on the ground floor level.

THE CHAIRMAN: Thank you very much. Do either counsel want to come back on any of the questions?

H MR JENKINS: I do, I do not know if Mr Enoch does.

A MR ENOCH: I just want to clarify one thing to see whether we can assist with the Chairman's point.

Further re-examination by MR ENOCH

B MR ENOCH: Would you look at page 70 again, please, which is the note of the consultation?

THE CHAIRMAN: You say "again", I am not sure why you say "again"?

MR ENOCH: (To the witness) Have you seen this before?

MR JENKINS: It was flagged up.

C MR ENOCH: I think it was flagged up.

THE WITNESS: I have not seen this before, no.

MR ENOCH: (To the witness) I just want to see if this assists you at all in your recollection, or assists the Panel, if we look at it together and see what is recorded by the doctor, yes?

D A I cannot make out the handwriting.

Q Let us see what we can do: this is what is recorded by Dr Eden in relation to the consultation that you have been asked questions about, right?

A Yes.

Q We see your name.

E A Yes.

Q We see £20 in the top right-hand corner, which I think is the fee you told us which was paid for the consultation.

A Yes.

Q We see the date, 6/6/05, yes?

F A That is my birthday, yes.

MR ENOCH: Oh that is your birthday.

MR JENKINS: 6/6/65.

MR ENOCH: 1965, quite right. It is stamped 14 June.

G A Yes.

Q We then see the two medications that you were on, yes, zopiclone and zolpidem, yes?

A Yes, it looks like that.

Q I am sure I will be corrected by Mr Jenkins if I have got something completely wrong.

A The zopiclone is 7.5mg.

H Q Yes. Underneath that do you see the word "insomnia"?

A A Yes.

MR ENOCH: Next to that there is a dash and “[something something] engineer”, is that a reference to your work?

MR JENKINS: Field service.

B MR ENOCH: Field service engineer?

A Yes.

Q Do we see underneath that “flying around ++ - sleep pattern”, could that be a reference to your job?

A Yes, the writing is ---

C Q Then “3/52 in Oz”, is that a reference to, you have already told us, three weeks in Australia?

A “Three over 52 in Oz” – what does that ... I do not know what that means.

Q Let us say it means three weeks in Australia, does that accord with what you have been told ---

A Oh that is – yes.

D Q --- us about your brother?

A Yes.

Q Underneath that do we see “zolpidem helps the back pain”?

A Yes.

E Q Is that correct?

A Yes, it does.

Q You have already told us about that.

A Yes.

F Q I cannot purport to read what is underneath, so I am not going to try to but at the bottom does it say, again, there is a reference to what you are being prescribed, zolpidem, is that right?

A The bottom bit here?

Q Yes.

A It says 9 or NV – “well, happy”.

G Q “Well, happy”, yes, that is what I thought it meant but I was not going to ---

A “28 x zolpidem”.

Q Does that accord roughly with what you remember happening in this five minutes?

A Yes.

H MR ENOCH: Thank you.

A Further cross-examination by MR JENKINS

Q Can I just go back a little bit in time, please, to another page later on in the tabs, in your medical records, and would you turn to tab 4 in that bundle, page 163. This is a Primary Care Mental Health Liaison Nurse Initial Assessment?

A Yes, that is correct.

B Q If we read your presenting problems, do we see reference to your youngest brother having just gone to Australia, and we see his then medical condition: do you have that? This was the brother that died I think.

A I have lost two brothers over – one brother I lost 14 years ago and my youngest brother died just over two years – two years ago.

C Q I understand. I am just trying to get some sense of timing from when this document might date from, but this was clearly before you went to see Dr Eden because your youngest brother was still alive when you saw the Mental Health Liaison Nurse, when this document was completed, do you agree?

A Yes, it is in a very short timeframe because he passed away within six months of being diagnosed.

D Q If you move on to page 167, I think this is the end of the same document. It should, I hope, give us the date of 10 November 2004, at the bottom right-hand corner. We see the name of the individual who has assessed you and that they are a Mental Health Liaison Nurse.

A Yes.

Q I hope that is just getting us to when this document was prepared, all right?

A Yes.

E

Q So six months or so before you saw Dr Eden.

A So it is 10/11/06, yes?

Q No, 04?

A No it could not have ... I did not see – as far as I am aware I did not see the mental health nurse in 04.

F

Q Look at the top of the same page, page 167, if you would.

A Yes.

Q I think that gives the date of an assessment, which is the same date I think.

A Okay.

G

Q 10/11/04?

A Yes.

Q Do you think you might have been assessed? It is your name and date of birth, is it not?

A That is correct.

H

Q And it is your address in Swansea?

A A Yes.

Q It suggests you were assessed on 10/11/04: do you think that now might be right?

A Yes.

Q You have just told us you were not assessed then: do you think you might be wrong about that and you were in fact?

B A Well I looked at the bottom – you pointed me to the date and I got confused with the dates, initially. I do not know what you are asking me.

Q I am just inviting you to agree that you were assessed in late 2004, a few months before your brother died in Australia.

A Yes.

C Q Would you turn to page 164, which is the second page of this assessment? Were you telling the nurse that your memory was always poor but at that time it felt worse because of the tablets you were on?

A Yes.

Q Was that true when you said it?

A Yes.

D

Q Do you think that was still true in 2005?

A Yes.

MR JENKINS: Thank you very much.

E THE CHAIRMAN: Mr X, you will be pleased to hear that that is the end of questions for you today. I know it is not easy coming to these occasions but we are very grateful for you doing so. You are now discharged and free to go.

(The witness withdrew)

MR ENOCH: Sir, that is as far as I can take it today, I am afraid.

F THE CHAIRMAN: I hope you might be able to give us some idea about your plans for tomorrow.

MR ENOCH: Can I just speak to Mr Baum just briefly?

MR JENKINS: Sir, I am going to ask you to rise for five minutes because it may be I can, after discussion with Mr Enoch, reduce the witnesses who are due to come.

G

THE CHAIRMAN: What I suspect we are all keen to do is have a cup of tea. I am very happy to have that cup of tea and to come back at 3.45. Can you achieve that between you in that timescale?

MR ENOCH: I am sure we can.

H

A MR JENKINS: I am sure it can be done in less but I would not like to deprive you of your cup of tea.

THE CHAIRMAN: I have heard of "less" before. We will have a cup of tea and come back at 3.45.

(Short adjournment)

B THE CHAIRMAN: Mr Enoch, we are in your hands.

MR ENOCH: Let me tell you the position from my point of view: I have the following witnesses left to call before you: DC Langdeg, who is the officer connected with Patient X from whom you have just heard, Dr Fareedi, who you have heard referred to as Patient X's GP. I then move on to Dr Richardson, and also then after that Oliver Harvey and Severin Carrell, who are the two journalists, and there is also Peter Havelock who is the GMC expert. The position so far as timing is concerned is as follows: the defence have kindly indicated that they do not now require Dr Fareedi to give evidence, so he can be read. Oliver Harvey and Dr Havelock cannot give evidence until Wednesday, and so I propose to call them Wednesday, which leaves, in the absence of Dr Fareedi DC Langdeg and Dr Richardson and Severin Carrell. DC Langdeg and Dr Richardson can be here tomorrow morning and give evidence then. Unfortunately, Severin Carrell is out of the country and cannot be here until Thursday, which is the day he was always going to give evidence.

I am told by the defence that there is a possibility at least that he may be able to be agreed, which would obviously be helpful, but the defence, of course, are under no pressure in that regard. What it does mean is that with the best will in the world we will only have a short day tomorrow because, in the absence of Dr Fareedi, I have two witnesses, both of whom are fairly short, DC Langdeg and Dr Richardson. There are an awful lot of medical notes and so forth that the Panel could spend some time tomorrow reading if they wished to but I have got two short witnesses, I should have thought an hour's work if I am being honest, an hour's worth of evidence, possibly a little more, and then on Wednesday Oliver Harvey and Dr Havelock.

E THE CHAIRMAN: And you will read Dr Fareedi tomorrow?

F MR ENOCH: I will read Dr Fareedi tomorrow, but that will only take five or 10 minutes.

So, that is where we are. I am sorry it means that we do lose, particularly tomorrow, significant time, but, as I said, I think the way things have developed there is probably nothing anybody could have done, certainly it could not have been anticipated.

G THE CHAIRMAN: We will see how it goes at this stage. For me the interesting one is Severin Carrell.

MR ENOCH: Right.

THE CHAIRMAN: I am not asking for an answer but that is the one whose evidence I am interested in, and that takes us through to Wednesday when we will have more witnesses.

H MR ENOCH: I am in Mr Jenkins' hands.

A

THE CHAIRMAN: I am not trying to put pressure on you but nevertheless I do propose that we proceed in the morning as planned, at 9.30, and I would be grateful if you would all be in here at 9.30 with your mobile telephones switched off.

Thank you very much.

B

(The Panel adjourned until 9.30 a.m. on Tuesday 13 February 2007)

C

D

E

F

G

H