GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (PROFESSIONAL CONDUCT)

Tuesday, 13 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 TWO)

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

MR ALAN JENKINS, instructed by Messrs 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)

I N D E X

THE CHAIRMAN: Good morning, everybody. Thank you very much for being so prompt. Although we have nobody in the back row, could I just put out a reminder about the mobile telephones, please, and then I think turn to you, Mr Enoch.

MR ENOCH: I call DC Landeg, please.

KARL LANDEG, Sworn
Examined by MR ENOCH

(Following introductions by the Chairman)

Q We are calling the patient who you are going to be asked about Mr X for the purposes of this hearing, Mr Landeg. Is it DC Karl Landeg?
A That is correct, yes.

Q Where are you based now, Officer?
A I am a serving officer in South Wales Police.

Q Based in which area? Is it Bridgend?
A I work from Port Talbot, but I cover west of Bridgend, including Swansea.

Q What role do you have at the moment, any specific specialised role?
A I am a Police Chemist Inspection Officer, and the role has slightly changed to include Controlled Drugs Inspector as well.

Q How long have you been doing that?
A Since 6 June 2005.

Q I think you are a member of the National Association of Chemist Inspectors, is that right?
A That is correct, yes.

Q Does your role involve inspecting retail pharmacy outlets on a regular basis, looking for things such as bad practice or unusual prescribing patterns?
A That is correct, yes.

Q I think you cover 128 pharmacies in your area, is that right?
A That is correct, yes.

Q Prior to that were you a police constable in Port Talbot from 1983?
A That is correct. 24 years service this year.

Q How did your first involvement with this case occur, please?
A I had a telephone call from a Co-Op pharmacy in Townhill, which is an area of Swansea, querying the authenticity of a script really, a private script, written by Dr Eden for Mr X.

Q Did you, as a result of what they told you, make enquiries as to the existence of Dr Eden?
A That is correct. I telephoned the registration department at the GMC.

Q Did you ascertain that indeed he did exist, and did you then start an investigation?
A That is correct, yes.

Q Did you decide to cause an alert letter to be sent to local pharmacies?
A That is right, because a number of scripts in Mr X's name had appeared locally and I wanted to see the true extent of the amount of scripts in the area.

Q Did you also carry out checks on Mr X?
A That is correct, yes.

Q Was your concern at that stage that there appeared to be an excessive amount of drugs being prescribed?
A That is correct. There were numerous scripts over a period of time that appeared out of the norm for the medication being prescribed.

Q Were you aware yourself of the nature of the medications zolpidem and zopiclone? Did you in your expert capacity know anything about them?
A Just that they were similar drugs and could be addictive, and the frequency of the scripts compared to the dosages seemed to be abnormal.

Q Did you try to contact Dr Eden?
A I did, yes.

Q How did you do that?
A I did it first of all by telephone and I spoke to a female assistant of his.

Q What were you told?
A I was told …

Q (<u>After a pause</u>) Were you able to speak to Dr Eden?
A I did at one point, I believe. I was told to e-mail him; that is right, I was told to e-mail him and that he would answer my e-mail.

Q What did you tell him?
A I asked him if obviously he knew Mr X and if the scripts were genuine.

Q Now, we are talking about December, are we not, 2005?
A Yes.

Q So December, by this time, as we now know, forged prescriptions had been presented by Mr X in the South Wales area for about three months.
A That is correct, yes. Two months, I think, from I believe the end of October.

Q Yes. What did Dr Eden say to you?
A He said he was happy with his condition, and the scripts certainly, obviously, were genuine up until the end of October.

Q Did he say anything about whether or not he had met Mr X?
A Yes. He said he had met him. I believe he said he met him on one occasion.

Q Did you come to a point where you decided to telephone Mr X himself?
A That is correct, yes.

Q That was on 12 December, is that right?
A Yes.

Q Are you looking at your statement to refresh your memory?
A Yes, I am now, yes.

Q I take it there is no objection.

MR JENKINS: There is no objection.

MR ENOCH: I do not think there is any dispute about it. I think on Monday 12 December did you ring Mr X?
A That is correct, yes.

Q Because you were concerned about him, more than anything else?
A Yes. His mobile telephone number was on the scripts.

Q Did he tell you frankly, immediately, that he had been forging prescriptions using the e-med logo and details?
A That is correct. He had obtained the same watermarked paper, and I believe he did obtain the stamp as well, and that he had been making them on his home computer, and obviously he was of clean character.

Q Did he tell you that he had been getting zolpidem and zopiclone from Dr Eden for some time previously?
A Yes, and his own GP as well.

Q His own GP as well. Did he appear to be a person who was in pretty immediate need of help?
A Yes, he sounded a desperate man really and it appeared to me to be a sort of cry for help really.

Q How readily, once you started talking to him, did he spill the beans to you?
A Immediately. He did not hold back. Obviously, from a police point of view, it is very unusual for somebody to openly and freely admit what he has done, because obviously knowing that potentially he is going to be in criminal trouble, but he was very open and honest and he said basically he did not know what to do with himself, you know, he was in a mess really.

Q Did you contact Dr Eden again and tell him that he should issue no further scripts to Mr X until your investigation was furthered?
A That is correct, yes.

Q Did you inform him at that stage that Mr X was receiving medication from his own general practitioner as well?
A Yes.

Q Did Dr Eden agree not to prescribe any more to him?
A That is correct, yes.

Q Did Dr Eden ask you for any details of what had been going on?
A I told him really that it appeared that Mr X had been forging the prescriptions.

Q Were you communicating with Dr Eden on the phone or by e-mail?
A By e-mail. He preferred to do it that way.

Q Anyway, did you tell Mr X that the matter would have to be investigated in the criminal context?
A That is correct, yes.

Q In fact, were further suspicious scripts relayed to you over the course of the next few days and weeks?
A Yes. Quite a substantial amount were appearing from a large area really, from down in the west of Wales in Haverfordwest right through to the Pontypridd/Cardiff area.

Q Did it culminate in Patient X telephoning you to see if he could get on a detoxification scheme?
A That is correct, yes.

Q Did he tell you that his GP had stopped all his tablets and he again needed help?
A Yes. To try to help him out I spoke to his GP, because obviously due to the condition he appeared to be in he needed help, and obviously to cut off his supply of tablets immediately I thought was detrimental to his health really.

Q Was that a matter you thought it appropriate to discuss with his general practitioner?
A Yes, that is correct, yes.

Q Did it later emerge that in fact Mr X had been travelling around the country trying to obtain this medication?
A That is right. Between Christmas and New Year of 2005 he was going from one pharmacy to another trying to obtain the medication.

Q I think in fact was he eventually arrested on 30 December at Tesco's in Pontypridd?
A That is correct, yes.

Q What happened in the end? Was he cautioned?
A Yes. As he was of clean character with no previous convictions, he was eligible for an adult caution, which he received.

Q Did you yourself take the opportunity at that time to look at Dr Eden's website?
A That is correct, yes.

Q Were there any warnings in relation to prescribing certain drugs, or not, that you could see?
A Not at that stage, no.

Q Did that change later on?
A Yes, I did notice a warning on it some months later.

Q Did you contact the General Medical Council?
A I did, yes.

MR ENOCH: Mr Landeg, that is all I have got for you. There may be some more questions.

Cross-examined by MR JENKINS

Q I have a few questions, Mr Landeg, but relatively few. You spoke to Mr X, you told us, on 12 December of 2005.
A Yes.

Q He told you about what he was being prescribed by his GP, and also what he was receiving through e-med.
A He stated that he was receiving similar medication from his GP.

Q I understand. Did he tell you about other websites that he had been using?
A He mentioned that he had obtained Dr Eden's details from addiction websites and that basically Dr Eden is an easy touch.

Q Forgive me, what I wanted to ask you was whether he had been obtaining medication from other websites. Did he tell you that?
A No, not from other websites, but that he had Dr Eden's name from addiction websites.

Q I understand that, but my question is did he tell you that he had been obtaining drugs over the internet from other sites?
A No.

Q Did you get the impression he was being completely candid with you?
A He appeared to be at that time, yes.

Q Did he tell you that the majority of his medication had come from a website called Overture pharmacy?
A No.

Q He did not tell you that?
A No.

Q Did you understand that he was going to foreign websites for medication?
A No. Once he had admitted some criminal activity, obviously it was not appropriate to interview him, for want of a better word, over the telephone. That would be left for a later date.

Q You asked pharmacies in the South Wales area to notify you of any private prescriptions from Dr Eden.
A That is correct, yes.

Q You received a number of responses from pharmacies.

A A Quite a large number, yes, for both genuine and obviously what we now know as forgeries.

Q Indeed, but I think the vast majority of the Dr Eden prescriptions that you had related to Mr X?
A In fact, there were maybe one or two others that were for other patients of Dr Eden.

B Q I understand, but what you have said in your statement is that the vast majority of the prescriptions that you were notified of by pharmacists in the South Wales area came in relation to one patient.
A That is correct, yes.

Q The man we know as Mr X.
A Yes.

C

Q You spoke to Dr Eden after your contact with Mr X and he told you about at least one face-to-face meeting he had had with Mr X during the course of his prescribing for him.
A That is right, yes.

Q Do you think it might have been two meetings?
A I said at least one I think in the beginning, so it may have been two, but one that
D I recollect.

Q You logged on to e-med. Did you print off any pages from e-med?
A Not at that stage, no, I just looked at the website.

Q I understand. You have told us that certainly at one stage there was a warning. Can you tell us when the warning was put on.
E A Certainly after the first time I checked, and I do not know at what stage. I obviously did not check it daily or even weekly. It was probably a couple of months after.

Q Can I ask you about the quality of the forgeries.
A Very good. Exceptional. You know, most pharmacists will notice a forgery straightaway, but these were quite exceptional, and as he was using the same watermarked paper they were highly undetectable, if you know what I mean.

F

Q What you have told us is that Mr X was arrested, but even after his arrest he was still using forged prescriptions?
A Not after his arrest, not that I believe, not that I am aware of.

Q Can you just tell us the sequence? You spoke to him on 12 December.
A Yes.

G

Q You then spoke to Dr Eden.
A He used forged prescriptions after I spoke to him, but I do not believe he used forged prescriptions after 30 December.

Q Should we get the impression that he used lots of forged prescriptions between 12 December and 30 December, when he was arrested?
H A He used a few, yes. I have got my own opinion why.

Q Did you retrieve the stamp that he had had made?
A Not at that stage, no.

Q Did you get it later?
A It was seized, together with I believe his computer, a scanner and other things. The case was obviously passed over to CID at Swansea Central Police Station, who dealt with him after 30 December. He was arrested in a different area on 30 December, and he was interviewed for all the matters.

Q What we have been told is that the stamp was commercially produced.
A I believe he had obtained his own copy of the stamp.

Q He has had one made?
A Yes.

Q Did you seize it?
A I did not deal with the arrest. I believe it was seized later.

MR JENKINS: I will leave it there. Thank you very much.

MR ENOCH: I have no re-examination.

<u>Questioned by THE PANEL</u>

THE CHAIRMAN: Mr Landeg, the Panel may now ask you questions as well. If they do want to, I will introduce them and explain whether they are a lay or a medical member of the Panel. On my left, Ms Julien is a lay member of the Panel.

MS JULIEN: Did Patient X speak to you about the meeting that he had with Dr Eden?
A Just that he had had a consultation, I believe one consultation – not what the consultation was about or anything like that, no.

Q He did not say anything about the circumstances?
A No. Obviously I did not go into it, as I mentioned earlier, over the telephone, because that could constitute an interview under law and it would have been inadmissible anyway, so once he basically admitted his guilt or admitted his criminal activity I ceased the conversation.

MS JULIEN: Thank you.

THE CHAIRMAN: Also on my left, Dr MacWalter is a medical member of the Panel.

DR MACWALTER: Can I ask you, in your opinion were there an excessive number of the non-forged prescriptions being presented to the pharmacies under your jurisdiction?
A There appeared to be. Obviously, due to the dosage, they were more frequent than they should have been if it was one a night, but there was some documentation and sometimes he was on two a night. But there still appeared to be too many, specially the fact he was having them from his own GP as well.

DR MACWALTER: Thank you.

THE CHAIRMAN: The Legal Assessor would just like to make a point.

THE LEGAL ASSESSOR: Yes, it is in the light of the question you asked, and I am addressing you as well, Mr Enoch. There are some members of the Panel who are Justices of the Peace and have experience of criminal procedural matters, but it was the question when the officer said that of course he could not ask any more questions once the offence had been admitted. I would just like to put it on the record, so the Panel understand, if they did not know already, that of course once a suspect has admitted something then under the code of practice officers can only then interview under caution, they cannot go on investigating and asking questions about the events over the telephone.

MR JENKINS: I think it relates to the admissibility of any admissions that might be made.

THE LEGAL ASSESSOR: That is right, but as a matter of the code of practice ---

THE WITNESS: It would be frowned upon if I carried on.

THE LEGAL ASSESSOR: Yes. Thank you.

THE CHAIRMAN: (To the witness) DC Landeg, I am a lay member of the Panel. Can I just be clear from what you said. Was all your conversation with Dr Eden by email or had you ever met him or spoken to him on the telephone?

A I think I spoke to him once on the telephone I believe. I think it was a brief conversation, because I think I insisted at one point that although he wanted to communicate over the internet, by email, I did want to speak to him, because at one point obviously it was quite urgent that I needed to speak to him.

Q This question may or may not then be relevant because it is difficult to convey reaction on emails, but I wondered whether you got a reaction from Dr Eden when you mentioned forged scripts to him?

A He said to me – I think it is in one of the emails in the bundle here – that it is possible that he might have forged some of the scripts. I think it is in this bundle. He was aware that it was a possibility that he could have done it anyway. He was quite unsurprised.

Q Let me just go back to this number of meetings that Patient X or Mr X said he had. I am not quite clear of what your answer is on this. You seem to have varied it, if I may put it that way, between three questions that were put to you. As you understand it, how many consultations had Mr X had with Dr Eden?

A One. One [Patient X] mentioned to me in a brief conversation I had with him, and obviously for reasons already mentioned I did not expand that.

Q I understand that entirely, but I just got the impression ---

A I am not aware of any … Obviously it was suggested there were two. One was mentioned to me.

Q Then you said you looked at Dr Eden's website?

A Yes.

Q To be fair to you, we have not heard anything about the website, but you said when you first looked at it there were no warnings on it?
A Yes, because from the first time I looked at it to the time the warning was put on … I believe the warning was in red when I read, saying that he would not prescribe any medication for pain relief, insomnia, without seeing the patient first. That was on at a later date. There was nothing on to that effect when I first looked at it.

Q Can I be clear? When did you first look at it?
A Early in December.

Q Early December?
A December 2005, yes.

Q What do you mean by when you look at it ---
A It may have been a month or two months even, later, I looked at it and then there was a warning on there then.

THE CHAIRMAN: Those are the only questions that I have got. Are there any other Panel questions? (No further questions) Do either counsel have any questions arising out of any of our questions?

MR JENKINS: No, thank you.

MR ENOCH: No.

THE CHAIRMAN: DC Landeg, thank you very much for coming today. That is the end of questions and your evidence and you are now free to go

THE WITNESS: Thank you.

(The witness withdrew)

MR ENOCH: I am now going to read the statement of Dr Fareedi, if I may, sir. I do not know whether Mr Jenkins is concerned about any part of it. I am assuming I can read it all and, if I can, I am assuming I can hand the Panel copies.

MR JENKINS: I am sorry, would you give me a moment?

MR ENOCH: Yes, of course. Whilst Mr Jenkins is checking that, can I let you know that as I mentioned yesterday, Dr Richardson, who deals with Patient A, is due to give evidence this morning. There is a slight problem. He was due to come down last night but without telling anybody he cancelled his hotel. He is coming from York and he was originally warned to arrive at 12 o'clock today. We are not going to be able to get in touch with him and so, unless he comes early, he may not arrive until twelve. That is, in a way, the most annoying of all the scenarios, given the timetable today. I appreciate that.

I am really in the Panel's hands as to where we go once I have finished with Dr Fareedi, but I was going to suggest that the Panel may wish to read the email traffic, all of which is copied in bundle 3 in relation to Patient X, the person we have just been dealing with. Although

I have not gone through it with either Patient X or Mr Landeg, in so far as it is relevant to his evidence, it seems to me important that you do read it carefully, all of it, and it may be that you could use the time between the end of my reading Dr Fareedi's statement and calling Dr Richardson to do that, unless of course any member of the Panel has made plans for later this morning which, given the information I gave them last night, I would quite understand. Can I perhaps leave that with you, sir?

I will ask that these statements be handed out then, unless Mr Jenkins has any objection.

THE CHAIRMAN: I am sorry, did I miss something? Are you happy?

MR JENKINS: I am happy.

THE CHAIRMAN: Thank you very much. This will be C8. (Document handed to the members of the Panel)

MR ENOCH: Obviously I am going to have to anonymise him as I go along. This is the statement of Mahey Alam Fareedi, signed by him in its original form on each page and it reads as follows:

STATEMENT OF MAHEY ALAM FAREEDI

1. "I am Dr Mahey Alam Fareedi and I am a General Practitioner. I qualified in 1963 from the University of Calcutta, in India with MBBS. I came to the UK on 14 August 1966 and started working in Bridgend after an application through the British Medical Journal. I worked in various hospital jobs before commending my GP training in Glasgow. My training lasted for 9 months and I became a full time General Practitioner in 1973 in Swansea and have remained here ever since.

2. There are three full time General Practitioner partners in the practice, the Port Tennant Surgery ('the Practice'), and one part-time practitioner (myself) The other three partners are Dr Kasto, Dr Makinde and Dr Hussein. We have around 5,600 registered patients.

3. I know [Patient X] well and he is a regular attendee to the Practice. Although I am his named GP the majority of his consultations have not been with myself. I am, therefore, making this statement from my recollection and from the medical records.

4. [Patient X] was not always a patient of the Practice. I have noted from the records that [Patient X] suffered from insomnia since 1995 and had been on Zopiclone and/or Zolpidem since this time. Zopiclone and Zolpidem, are similar short acting drugs, for sleep disorders and they can be addictive. I noted that he had seen a psychiatrist in July 1995 after he had been suffering from depression after the death of his brother from heart disease. [Patient X] appeared to have been taking Zopiclone for much of the next 7-8 years.

5. He tended to make appointments with different doctors during this time, often with locum doctors, saying that he needed Zolpidem and Zopiclone. His general complaints were of chronic insomnia. GPs are usually cautious in prescribing these drugs for a long period as patients get addicted. The usual starting dose is around 5mg a tablet per day. However, [Patient X] was being prescribed 10 mg per day, for 30 tablets, as 5 mg was no longer assisting him as he has obtained tolerance.

6. I can see from the records that he rejoined the Practice on 12 October 2002. He tended to attend for consultations every couple of weeks as he requested tablets throughout this period up until the present day.

7. I note that he attended on 29 March 2003 and, on this occasion, I said to him that he should not receive any more tablets. However, he came back to the Practice and shortly afterwards repeated his request to different doctors. He finally obtained his tablets. I have also noted that he complained of other symptoms, ranging from backache to nasal congestion and requested medication to assist him with these different conditions. On 7 July 2003 he was assessed a further time by a psychiatrist.

8. I have subsequently been informed that [Patient X] joined an internet site, called www.e-med.com run by Dr Julian Eden. I had never known about Dr Eden and had no idea, at any stage, until December 2005, that [Patient X] was a patient of Dr Eden and used this service.

9. [Patient X] continued to have appointments with me during 2004 and I think, from reviewing the records, that by early 2005 we know that [Patient X] was addicted to Zopiclone/Zolpidem. Normally we try and refer our patient [to] the Community Medicine service for detoxification. We wrote to the Consultant, Dr Lynn Jones, at Community Medicine on 10 June 2005 to refer [Patient X] for detoxification as, by this time, he was clearly addicted. He had also, by this time, been to sleep deprivation clinics.

10. I have noted from the records that he was admitted to the Morrison Hospital as an emergency patient on 9 July 2005 with acute pancreatitis through alcoholism and he was discharged on 22 July 2005.

11. He continued to attend the surgery throughout 2005 for his prescriptions.

12. In December 2005, DC Karl Landeg, of the South Wales Police, spoke to one of my partners, Dr Kasto. He informed Dr Kasto that [Patient X] had been buying tablets over the internet and forging prescriptions to obtain additional tablets off pharmacists. Dr Kasto was informed that [Patient X] was taking 20 tablets of Zolpidem a day and that DC Landeg was concerned that if [Patient X] did not obtain the appropriate dose he might turn to crime. Dr Kasto then wrote to Dr Lynn Jones again, on 13 December 2005, and asked if Dr Jones could expedite the appointment urgently and explained the situation and wished to refer him to community medicine for a further detoxification programme.

13. I have no further knowledge of the forged prescriptions.

14. I have noted from the records that in February 2006, he was referred to the Ear, Nose and Throat Department suffering from nasal congestion.

15. [Patient X] still attends the Practice every couple of weeks requesting his medication and still tends to make his request to different doctors. He is currently on the following:

- Atovestin/Lipidol. This is for high cholesterol
- Mirtazapine. This is for depression
- Propranolol Hydrochloride. This is for his anxiety
- Zolpidem. This is his drug dependency
- Mometasone. This is his nasal spray

16. [Patient X] attended a consultation with me on 11 August 2006. He informed me that he was addicted to Zolpidem and had been buying this on the internet having been prescribed by Dr Eden in London. He said again that he had been on detoxification in February but was unable to sleep without taking the tablets. He informed me of his seizure two weeks earlier and insisted on receiving more Zolpidem. I gave him 5 tablets and he came back on week later. I advised him that he had to go to the centre for drug misuse. He returned again on 23 August, complaining of anxiety, and he was refused Zolpidem.

17. I understand that my statement may be used in evidence for the purposes of a hearing before the General Medical Council's Fitness to Practice Panel and for the purposes of any appeal, including any appeal by the Council for Healthcare and Regulatory Excellence. I confirm that I am willing to attend the hearing to give evidence if asked to do so."

That is the statement of Dr Fareedi.

Sir, I am now really in your hands as to where you wish to go from here. I would like to think that Dr Richardson might arrive before twelve, but I cannot guarantee it. As I say, if you were so minded there is bundle 3 that you have already got, and in particular behind tab 2 you find the records of e-med pertaining to Patient X. By and large they simply consist of repeat prescription proforma, but a lot of the email traffic is in there and you could spend some time looking at that. As I say, we may have to wait until twelve for Dr Richardson to arrive. I do not know how long he will take, to be honest, but I should have thought an hour.

THE CHAIRMAN: Clearly we will wait until Dr Richardson arrives and then we will hear him to conclusion. Members of the Panel will read what they want to out of these binders. I note that you are not asking us to read all six binders from back to front.

MR ENOCH: No.

THE CHAIRMAN: And that you are not particularly pointing us at any particular emails, but we will take that opportunity to keep moving through. Obviously, if there is something that you particularly want us to read then you will bring that to our attention.

MR ENOCH: I think only the documents behind tab 2 of bundle 3. I do not think it is going to help the Panel much, if at all, to trawl through any of the patient general practice records.

THE CHAIRMAN: Can I just inquire at this time, as we have a moment, was there any case management undergone in regard to this case?

MR ENOCH: Yes.

THE CHAIRMAN: Can you tell me when that took place?

MR ENOCH: I cannot off the top of my head but there certainly was some case management. I do not know whether there is any particular aspect of the case management you are inquiring about. I might be able to assist. I do not want to shoot in the dark.

THE CHAIRMAN: It was more in general terms whether there was any case management because very often part of case management is that the parties will exchange admissions at that particular point. My impression is that admissions only took place a relatively short time before we began.

MR ENOCH: On the morning of the hearing.

THE CHAIRMAN: Clearly, from that point of view, case management did not cover that aspect of it.

MR ENOCH: It also did not cover the fact that the defence were going to rely on the evidence of two experts.

THE CHAIRMAN: I am not here to debate what the case management did or did not cover, I am more interested in what happened and how far in advance it happened.

MR ENOCH: I do not want to give a date without checking, but, if there was case management, it did not work.

THE CHAIRMAN: Mr Jenkins, do you want to comment on that? I am not asking you to comment, I am just asking whether you do want to comment.

MR JENKINS: I do not like to talk about counsel to counsel conversations, it is considered not proper to do so but it has been gone into. Mr Enoch and I did have a conversation two weeks ago. At the time he had the flu and he may have forgotten the conversation. He was certainly told the tenor that had been taken of Dr Eden's power and he was certainly told of the substantial admissions made by him. He was told that there were two experts going to be relied upon and that we would let him have the reports as soon as possible. The precise admissions---

THE CHAIRMAN: I am not interested in precise bits, what I am interested in is whether the procedure took place. Did the conversation you are talking about take place under the auspices of the GMC?

MR JENKINS: It was a conversation that would normally take place.

THE CHAIRMAN: There is a procedure under rule 16, as I am sure you are more aware than I am. We are encouraged to find out whether that happened. I think I have the trend already.

MR JENKINS: I think it may have done. We will check that.

THE CHAIRMAN: We will adjourn. We would be grateful to be kept up to date, as would all parties would all parties, on progress and we will not leave the building until we have more definite information.

MR ENOCH: I was going to suggest that if he turns up early, we will send you a message.

THE CHAIRMAN: Thank you.

(The Panel adjourned for a short time)

(Luncheon Adjournment)

MR ENOCH: I have asked for Dr Richardson to be brought in. The fault of his lateness was not his. He left a message which was not relayed.

GREGORY RICHARDSON, Sworn
Examined by MR ENOCH

(Following introductions by the Chairman)

Q Your name is Dr Gregory Richardson, is that right?
A That is correct.

Q Your professional address, please?
A Lime Trees, Child and Adolescent Mental Health Service, 31 Shipton Road, York.

Q Are you a consultant in Child and Adolescent psychiatry?
A I believe I am now referred to, officially, as a re-employed pensioner in that I retired at the end of March last year, but still work as a consultant in Child and Adolescent psychiatry at Lime Trees three days a week.

Q You qualified in 1971 from Liverpool Medical School.
A That is correct.

Q You gained your membership of the Royal College of Psychiatrists in 1977?
A That is right.

Q You became a Child and Adolescent psychiatric consultant in 1980 and took up a consultant's post in York which you held until your retirement in 1983, is that right?
A That is correct. It was virtually the same job I am still doing.

Q We have asked you to come here and tell us about a young teenage patient, sixteen years old at the relevant time, who we are calling Patient A. I know you called him another letter in your statement, but do not worry about that. Do you remember him?
A Yes.

Q I think he had been a patient for a number of years.
A I would think for about two to three years.

Q What was his basic mental health problem?
A He felt that there was something psychologically the matter with him, so he would say that – he was anxious, say, about going out, but when you took a history actually he went out quite regularly, and he would take overdoses. People would get quite seriously worried because he was depressed and, because of our concerns about him, he was admitted to our in-patient adolescent unit.

Q When you said he would take overdoses, overdoses of what?
A Paracetamol, over-the-counter drugs.

Q Had there been, or had he had, any life events that might have given rise to his belief that he had a psychiatric illness?
A It is somewhat difficult to explain, but I think the hypothesis I was working on, to some extent, was that his father had a number of mental health problems and could not really deal with any stress at all so did not take a large part in looking after him. He had a younger brother who was physically and, I think, also mentally handicapped so his mother was had to spend a lot of time looking after her husband and other child. It was almost as if he felt, "Well, maybe my father got help from mental health sources, maybe I will as well".

Q How had he come to be under your care?
A He would be allocated to me and as, at the time, I was the only consultant responsible for the in-patient unit, he would come under my care when he was admitted and then I continued to follow him up subsequently.

Q Did you regard him as having a psychiatric illness per se, or was it a case of him believing he had a psychiatric illness, or was it somewhere between the two?
A It is this difficult problem of certain people have traits which arise because of their development which means they do not function well mentally, but they do not have a mental disorder like schizophrenia or bipolar disorder so their emotional disabilities can usually be more readily explained by their life experience.

Q What was your view at around this time of how clinicians should be approaching him in general terms of giving him medication?
A Certainly our feeling was that if he got to, at 14 or 15, became or felt he had an illness for which he then received medication and that reinforced it, the whole thing was just going to go on into his adult life. We held out some hope that if we could dissuade him of the notion that he was ill, he might be able to function reasonably. Of course, if you prescribe medication, you are saying, "There is something the matter with you".

Q In 2004, was he seeing you rather less than he had been previously?
A Yes.

Q Had you arranged for him to be seeing the social worker within the team?
A Yes, we thought that if he saw a social worker, that, to some extent, de-medicalised the problem because the social worker could deal with this young man's difficulties.

Q Was he regularly monitored by the team generally?
A He was followed up fairly regularly, but he also used to arrive in the A&E department saying he was acutely anxious or sometimes having taken an overdose.

Q What about self harm and suicidal threats?
A If he arrived in A&E, that was usually to say he wanted to kill himself.

Q Had he sometimes taken an overdose?
A Yes.

Q Did he have any particular theories himself about what sort of psychiatric illness he might have?
A He would come in – where he got his International Classification of Diseases from I do not know, but he had it, or he had looked it up – and he would find a diagnosis that he thought he had at the time. The latest I remember was that he thought he had social anxiety disorder. That did not really with fit with his ability to go out.

Q What was his attitude to medication, was it something he wanted, did not want or was indifferent to or what?
A Usually when he saw me he wanted medication for one or other of his problems. He saw medication as being the answer that would make him feel better, and he used cannabis to some extent which he said had that effect.

Q How did he feel about Lime Trees?
A Because we would not, or I say because we would not, go along with his view of what he wanted, he was very antagonistic. He was antagonistic probably more to me because I was seen as the person who would not prescribe. He maintained a relationship with the social worker and continued to see him.

Q Apart from antagonism towards you, how did his negative feelings towards Lime Trees manifest themselves?
A He made threats against some of the staff, including the social worker, and against the building. The unit is not isolated but stands on its own and, being an in-patient unit, the night staff would get quite frightened. On one occasion his head suddenly appeared in the window which frightened the nursing staff. He did try and set fire to one of the sheds in the grounds at one stage.

Q He was not on medication, as I understand it, certainly not from you or your unit?
A No.

Q Were you in regular contact with his General Practitioner?
A I would write to her regularly and, with him having been an in-patient on the in-patient unit, he was the subject of multidisciplinary discussion. I also discussed him with the GP to ensure that she was not coming under such pressure that she thought that maybe she ought to be prescribing.

Q From your discussions with her did she agree that the best course was to keep him off medication?
A That is right.

Q Did she go along with that?
A Certainly as far as I am aware, yes.

Q When did you first become aware that he had been consulting with Dr Eden over the internet?
A I could not tell you, but on one occasion when I said I would not prescribe for him, he said something along the lines, "Well, I will get something off the internet."

Q Did he say what he would get?
A No. I mean I cannot just remember the series of events.

Q Do not worry about the exact chronology, but how did you come to learn whatever it was you did learn about what he had been up to?
A First he said, "I will get it off the internet", and I cannot remember at what stage he told me that he had got some propranolol. I was not sure whether this was true or not because he was not always truthful in what he told me. He would tell me things that he thought might wind me up and if I would not do it someone else would, so I was not entirely convinced. Then it was only when he took an overdose of propranolol I thought that he must have got them from somewhere.

Q Tell us a bit about propranolol, if you would be so kind.
A It is not a drug I would prescribe because, primarily, I think it is a beta-blocker that is used – I do not even know even whether it is still used in the treatment of heart disease, but it is occasionally used to reduce anxiety.

Q He took an overdose of it?
A Yes.

Q Did you learn more about where he got it from eventually?
A He said he got it from the internet and must have mentioned Dr Eden's name because that is where I would have got it from.

Q What did you do with that information?
A As I said, initially I had no reason to believe it was true, but then when he had taken the overdose I thought that this must be true. I was concerned as to how he got his hands on some medication when those treating him had agreed that that was not really the thing we ought to be doing.

Q Did you contact his General Practitioner about it?
A Yes, I did.

Q Did you agree with her that Dr Eden ought to be reported to the GMC?
A Having discussed it with her – and the reason I discussed it with her was to ask whether Dr Eden had spoken to her and if there had been a considered decision and she said not – she was as concerned as I was. I thought this is not good practice, so I ought to do something about it.

Q Did you know at that stage how much he had been given, when it had started and what he had known about your patient before deciding to issue the prescription?
A No.

Q You were not privy to any of the e-mail traffic or anything like that?
A No.

Q Propranolol has an anti-anxiety effect?
A It is a beta-blocker, so it has a physiological effect which, by reducing blood pressure and pulse rate – and I am saying those things on the basis that you have not got a physician here who will say, "No, it does not" – by physiological means it reduces the symptoms of anxiety rather than being a psychoactive drug to reduce those things.

Q It is not psychoactive, but it has physical suppressant effects, is that a fair summary?
A Yes.

Q It may sound like a daft question, but is it a good idea to take an overdose of propranolol?
A I do not think it is particularly harmful, but an overdose of anything is not a good idea. I do not think it would have mattered to the patient what he had taken an overdose of, he was going to take an overdose and they were to hand.

Q What was your analysis of what you saw happening between this patient and the doctor on the internet? What were the factors, if you could list them, that caused you concern?
A I think, primarily, I was concerned that drugs were being prescribed for this young man without contact with any other doctors who were involved with him and involved in his ongoing care, and that drugs were prescribed which were then used in overdose.

Q Did you feel that the question of overdose was something which ought to have been in the prescribing doctor's mind or not; the potential for it?
A When you are talking of prescribing drugs for psychological difficulties, the assessment of the risk of self-harm should be integral to it, yes.

Q As far as you are concerned, did the prescription of propranolol in this case assist the patient maintain his status quo or worsen his condition?
A If you went along with our theory that colluding with him being ill, you would argue that it made him worse and certainly gave him the vehicle to take another overdose, but he may well have taken that overdose with some other drugs if the propranolol had not been present.

Q In due course he was transferred to the adult psychological services because he became too old for Lime Trees?
A That is right.

MR ENOCH: That is all I have for you, but there will be some more questions.

Cross-examined by MR JENKINS

Q I am asking questions on behalf of Dr Eden. I think you last saw the records for Patient A some time ago?
A I would think it was probably at least two years ago.

Q They are not available now, I think, because he has not cooperated?
A I know he did not give permission, or I understand he did not give permission.

Q You are the best conduit I think we have for the information that was in the medical records because no-one else here has seen them?
A Fair enough.

Q To deal with the overdose you have talked about, I think you said he took six tablets.
A I think that is correct.

Q Of propranolol?
A Yes. I would have to have the notes to get it absolutely correct, but I think in my statement I said six so that is what I was made aware of, yes.

Q A patient can approach any doctor and ask to be treated, can they not?
A As a consultant in the NHS referrals primarily come from GPs or, in my specialty, perhaps through some other agency, say an educational psychologist with parental permission.

Q Let us imagine this young man going into the Accident and Emergency Department in circumstances where he was complaining of anxiety that was causing him huge difficulties in his life. If he said he does not want the doctor treating him to make any contact with his GP, are they obliged to respect that?
A Certainly whenever it did happen he was usually referred to a junior psychiatric doctor, who would then contact the child and adolescent psychiatrist on call, so I was called once or twice from A&E because they wanted to do the best for the patient and therefore wanted prior knowledge of them.

Q Let us take a slightly modified example. If the patient wanted to see a doctor, say in Harley Street, not far from here, and the doctor said, "All right, I will see you", if the patient then said, "I do not want you to contact the other doctors who have treated me in the past", the doctor is obliged to respect that, is he not?

MR ENOCH: I am sorry, that was a slightly different question, if I may say so, to the first one.

MR JENKINS: I have said I have modified it.

MR ENOCH: "Treated in the past" being the difference.

MR JENKINS: So you want me to say it again? You have got it, despite Mr Enoch's interjection?
A In the end I personally would be very uncomfortable about doing that, because

A I suppose I would be suspicious of why I could not contact that person, and I would be very worried I was going to make a mistake because I did not know that person's relevant medical history.

Q Let me make it plain that so far as Dr Eden is concerned he accepts that he did not do terribly well with this patient, and that it would have been wiser with hindsight if he had not treated him at all. Would you want the doctor who is approached by a patient he has not dealt
B with before to encourage the patient to involve their GP, or go and see their GP – doctors who had treated them before?
A I think that is very much the line I would try and take, and say, "I can listen to what the problem is, but I cannot do anything about it, and I really think you need to talk to the person who knows you in the longer term". With this case there was more than one doctor to talk to.

C Q I understand. Well, again, looking at the position of the doctor who had been approached by the patient, would you want to see them (the doctor) encourage the patient to see a specialist, or be treated in a hospital situation, again if the patient is complaining of anxiety which is paralysing their life?
A Well, I think I would limit my advice to, "I think you need to talk this over with your own doctor". I do not think I should be saying, "You should see a physician, or a surgeon, or a psychiatrist", "I think you should talk it over with your own doctor".

D Q If this patient – the patient who comes to a doctor who has not treated them before – is suffering from acute anxiety, would propranolol be the sort of drug that might be prescribed for them?
A Oh, certainly, yes.

Q It is used very frequently in general practice.
E A It is a long time since I did general practice, but I understand so.

Q It is a type of drug that is regarded as fairly safe?
A Yes.

Q If Patient A had been along to an accident and emergency department, where perhaps he was not known, and presented with acute anxiety, he could well have been prescribed
F propranolol by one of the doctors in A&E.
A I think that is a possibility, yes, and certainly I know earlier on he would get a dose of diazepam.

Q Benzodiazepines, I think, can carry more risks than propranolol.
A Oh, absolutely, yes.

G MR JENKINS: Thank you very much, Dr Richardson.

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

Q Would you expect the consultation at A&E to be face to face?
A Yes.

H MR ENOCH: Thank you. Do the Panel have any questions?

THE CHAIRMAN: Dr Richardson, at this point members of the Panel can also ask you questions. If they do want to do so, I will introduce them, just to make clear whether they are a medical or a lay member of the Panel. (After a pause) We have no questions, Dr Richardson, which means that is the end of your evidence. You have come a long way to help us. Thank you very much for that. You are now discharged.

(The witness withdrew)

MR ENOCH: Sir, can I take stock with you collectively again. That is as far as I can go today, as you know. I am happy to report that Mr Jenkins and I have come to an agreement about Mr Carrell's evidence, which means that his statement can be read, or the relevant parts of it can be read, and he will not be needed to give evidence live before you, and he would only have been able to do so on Thursday. So that means tomorrow I can go straight through the rest of my evidence and conclude my case.

THE CHAIRMAN: Excellent. Are those two witnesses tomorrow – Mr Harvey and Dr Havelock – available first thing?

MR ENOCH: Oliver Harvey and Dr Havelock. Yes, as I understand it, they are coming tomorrow morning first thing. I do not want to give any guarantees after what has happened today. I envisage concluding my case tomorrow lunchtime-ish.

THE CHAIRMAN: Thank you very much for that. Do you want to say anymore at this point, Mr Jenkins, in terms of case management?

MR JENKINS: I shall certainly be calling Dr Eden and I anticipate he will be quite a while. I have an expert who is coming tomorrow to watch Dr Havelock, and I am not entirely clear when he will be available to give evidence himself, but I hope things should follow smoothly after Dr Eden's evidence.

THE CHAIRMAN: It is very helpful to know that Dr Eden is going to give evidence.

MR JENKINS: I reiterate what I said yesterday, that we are at no risk of going over the ten days and should finish comfortably within that period.

THE CHAIRMAN: Very good. In which case we will adjourn for the day and start again at 9.30 in the morning, please.

(The Panel adjourned until 9.30 a.m. on Wednesday, 14 February 2007)