



# Senior surgeon suspended for failing to spot indicators of severity

Clare Dyer

The BMJ

A senior consultant surgeon has been suspended from the UK medical register for 12 months for failings in the care of five patients over a three year period between 2010 and 2013.

Ian Haynes, who qualified in 1972 and had a hitherto blameless career, was charged with a catalogue of failings relating to five unnamed patients at George Eliot Hospital in Nuneaton, Warwickshire. Many of the charges were found not proved by a medical practitioners' tribunal but those that remained were judged sufficient to justify a finding of serious misconduct.

The bile duct of one patient was injured during a laparoscopic cholecystectomy in which Haynes was operating the camera while a more junior colleague used the surgical instruments. Haynes was considered responsible because he was the senior surgeon in theatre.

It was the only such error in over 2000 similar operations that Haynes had performed. He recognised the injury the next morning and immediately referred the patient to a tertiary centre, where she recovered after further surgery. But the tribunal, relying on expert witnesses, found that he should have recognised during the operation that too much tissue had been cut.

Another patient had a perforated bowel with gut ischaemia, and Haynes was found to have failed to organise sufficiently urgent investigations on a Sunday to reach an appropriate diagnosis. In another patient's case he "failed to document an appropriate management plan for the common bile duct stone."

Haynes failed to organise scans to exclude a diagnosis of mesenteric ischaemia for a further patient whom he saw on a single ward round. And in the fifth patient's case the tribunal found that he should not have carried out elective surgery on such a high risk patient, although he eventually operated "with considerable skill in difficult circumstances." He also failed to secure urgent computed tomography and to be aware of the patient's low platelet count before starting surgery.

Only one of the five patients survived. But the General Medical Council, which brought the charges, did not link the patient deaths to deficiencies in Haynes's care, and the tribunal did not take the clinical outcomes into account in reaching its decisions, said Michele Codd, chair of the panel.

Haynes's failings, said Codd, were in "identifying indicators of patients' serious conditions, clinical decision making, communication, team working, and record keeping." He was also found to have demonstrated "a concerning lack of proactivity in ensuring that appropriate urgent investigations were carried out."

Haynes had been off work since 2013, but he had begun a phased-in return to work with non-clinical duties just weeks before the tribunal's decision to suspend him. His counsel argued that suspension would achieve nothing but to "de-skill" him further, and requested that the panel instead impose conditions. The tribunal found, however, that he had showed "a tendency to blame others" and had limited insight into his failings. "Your current level of insight meant that conditions were unlikely to be workable," Codd told him.