The Savage Case

Week one: the inquiry begins

The inquiry by Tower Hamlets District Health Authority into allegations of incompetence against The London Hospital obstetrician Mrs Wendy Savage got under way on 3 February with an opening speech by Ian Kennedy QC, counsel for the health authority, outlining the charges. Unusually, the chairman of the three man inquiry panel, Christopher Beaumont QC, at Mrs Savage's request, ruled that the proceedings would take place in public, though individual patients would be referred to by their initials alone.

Mr Kennedy told Mr Beaumont and the two medical members of the panel, Professor Peter Howie of Dundee and Mr Leonard Harvey of Rugby, that the case was not, as it had been presented, a contest between the impersonal imposition of technology and the freedom of a woman to choose how, where, and in what manner she would have her baby. Her colleagues in no way criticised many of the philosophies that Mrs Savage supported, he added. The inquiry was into five cases, one resulting in a stillbirth and one a neonatal death. These could and should have been avoided. In the other three cases the management was outside all normal accepted procedures and exposed the mothers and babies to risks which were both real and unnecessary.

The patient described as SP, said Mr Kennedy, spent eight hours in the second stage of labour before being delivered by caesarean section. The baby was in the breech presentation. Professor Geoffrey Chamberlain of St George's Hospital, London, one of the independent experts who had reviewed the cases, had described the handling of the case as "not in any way acceptable," and had thought that this would be the hardest of the five cases to defend, Mr Kennedy told the panel.

In the second case, LG, a case of intrauterine growth retardation which ended in a stillbirth, the mother, who was only five feet tall and weighed just under 8 stone, should not have been chosen for shared care between consultant and general practitioner. The third case, AU, involved a Bengali woman who had already had one caesarean section for "failure to progress and fetal distress" and who, Mr Kennedy said, was allowed to labour for a quite inordinate time under the direction of Mrs Savage. The baby was delivered in reasonable condition but died eight days after birth. It was thought that there was a tear in the brain, although there had been no necropsy.

In the case of DL, a mother with severe pre-eclampsia and twins in the breech presentation, Mrs Savage, who was away on study leave, should have conferred with the consultant covering for her and invited him to decide the management. Junior doctors were left in charge of an exceedingly difficult case when they should not have been, counsel said. In the last case, MB, the criticism was that Mrs Savage allowed the 15 year old mother's labour to continue too long before a caesarean section was performed, though this case did not present the alarming features of some of the earlier cases.

Most of the first week was taken up with the evidence of Professor Jurgis Gedis Grudzinskas, professor of obstetrics at The London Hospital, who told the panel that he did not believe technology was to be used routinely in obstetrics. He believed in the importance of counselling couples so that they would be aware of the options.

Professor Grudzinskas said Mrs Savage had told him herself about the case of SP. His criticisms were that the second stage of labour was abnormally long and that oxytocin should not have been used to augment labour after the second stage had already lasted for 5½ hours. Cross examining Professor Grudzinskas, John Hendy, Mrs Savage's counsel, cited the opinion of Mr John McGarry, senior consultant obstetrician at the North Devon Hospital, that the case was "highly unusual" in that the baby failed over several hours to descend through the "gigantic" pelvis of a 6'1" tall mother and that it seemed "extremely curious" that this case was used as an example of bad management on Mrs Savage's part. Professor Grudzinskas replied that the pelvic radiograph was not of sufficient quality for him to derive a measurement and that he believed Mr McGarry's opinion was based on an inadequate amount of information.

Professor Grudzinskas said he would not normally have considered a patient as small as LG for shared care. Once signs were present that indicated the possibility of intrauterine growth retardation he would have informed the general practitioner that the patient's care should be under direct consultant team supervision. In the AU case, Professor Grudzinskas said that in his view the use of drugs to stimulate labour was inappropriate in this case, where the mother had a documented reduced pelvic capacity and also bore the scar of her previous caesarean.

In the DL case, he said, induction went on for 11 hours. The plan of management laid down by Mrs Savage was insufficient inasmuch as it did not consider possible reactions that might emerge as the induction succeeded or failed. In the MB case, he would have attempted to augment labour earlier in the day and he would have recommended caesarean section about six hours earlier than the time the baby was delivered.

 Asked by Mr Hendy whether the criticisms raised in these five cases were the sort that could be found in the cases of other obstetricians, Professor Grudzinskas replied that this was possible. He admitted that in relation to at least one of the cases similar criticisms might have been levelled at him in the past. Asked whether it was his view that Mrs Savage was dangerous and incompetent, he replied that it was extremely difficult to comment on who was dangerous and who was incompetent, but it was his view that Mrs Savage was an extremely hard working individual with many, many commitments, and in discussions with her he had urged her to consider her commitments so that she could give her clinical duties the attention they deserved.

Mr Hendy asked Professor Grudzinskas whether he agreed with a comment made by Dr Peter Dunn, consultant in neonatal paediatrics at the University of Bristol: "I can say without hesitation that if the worst five of my own cases over a period of a year were put under a microscope it would be possible to create a dossier similar to that of Mrs Savage, and I believe the same could be done for every consultant obstetrician I have ever worked with." Professor Grudzinskas replied that he would not agree with the word "similar." It was the dissimilarity of the clinical events in the cases that had caused so much concern as to bring the matter to the attention of the health authority. The inquiry went into private session on Friday afternoon to begin hearing evidence from the patient AU and her husband.—CLARE DYER, solicitor and legal journalist, London.