

CURRICULUM VITAE

NAME: Peter William Harold Woodruff

ADDRESS: Vascular Surgery Unit, Princess Alexandra Hospital
Woolloongabba, Queensland, Australia

ACADEMIC DEGREES:

1966 M.B., B.S., University of Adelaide, Australia

1972 Ch.M., Aberdeen University, Scotland,
Master of Surgery

INTERNSHIP:

Jan 1966 – Jan 1967 Resident Medical Officer
Royal Adelaide Hospital, Adelaide, Australia

RESIDENCY:

1967 Resident Medical Officer
Mt Isa Base Hospital, Queensland, Australia

1968 Locum RFDS, Mount Isa & "Primary" RCSE

1969 Surgical S.H.O. Aberdeen Royal Infirmary

Feb 1970 – Mar 1971 Surgical Registrar
Aberdeen Royal Infirmary, Aberdeen, Scotland

Apr 1971 – July 1972 Surgical Fellow
5th Harvard Surgical Service, Boston City Hospital

July 1972 – Oct 1974 Senior Surgical Registrar
Aberdeen Royal Infirmary

Locum Solitary Surgeon

1. Shetland Islands
2. Orkney Islands

FELLOWSHIPS:

1971	F.R.C.S. Edinburgh
1984	F.R.A.C.S.
1985	F.A.C.S.

HOSPITAL APPOINTMENTS:

Nov 1974 – Oct 1977	Senior Lecturer in General & Vascular Surgery Royal Brisbane Hospital, Queensland, Australia
Nov 1977 – Nov 1987	Visiting Vascular Surgeon / Renal Transplant Surgeon Princess Alexandra Hospital, Queensland, Australia
Nov 1979 – July 2003	Senior Specialist Surgeon Repatriation General Hospital, Greenslopes, Queensland
Nov 1987 – July 2003	Senior Visiting Vascular Surgeon Renal Transplant Surgeon Princess Alexandra Hospital
July 2003 – Aug 2004	Acting Director, Vascular Surgery Unit Renal Transplant Surgeon Princess Alexandra Hospital
Aug 2004 - Present	Director Vascular Surgery Renal Transplant Surgeon Princess Alexandra Hospital

FACULTY APPOINTMENTS:

Apr 1971 – July 1972	Surgical Fellow Vth Harvard Surgical Service
July 1972 – Oct 1974	Teaching Registrar Department of Surgery, University of Aberdeen
Nov 1974 – Nov 1987	Senior Lecturer in Surgery University of Queensland
Nov 1987 - Present	Clinical Associate Professor of Surgery University of Queensland

**SPECIALTY
CERTIFICATION:**

Vascular Surgery
General Surgery (Renal Transplantation)

**PROFESSIONAL
MEMBERSHIP:**

Surgical Research Society of Australasia

Australian & New Zealand Transplantation Society
Australian Medical Research Society
International Society for Cardiovascular Surgery
Aviation Medical Society of Australia and New Zealand
Australian Military Medicine Association
ANZ Society of Phlebology
Australian & New Zealand Association of Vascular Surgery
European Society for Vascular Surgery

COMMITTEES:

Royal Australasian College of Surgeons
Vice-President, May 2003 – 2005
Honorary Treasurer, 2000-2003
Elected Federal Councilor 1997 - 2005
Chairman, Queensland State Committee 1994-96

Royal Australasian College of Surgeons, Australian Safety
Efficacy Register of new interventional procedures
Surgical Chairman of Board of Management

Australian Council on Healthcare Standards
Board Member

Australian Association of Surgeons
Federal Elected Councilor 1991
Honorary Treasurer 1992-96
President 1997-98

NH&MRC, QCHOC Working Party on Stroke Prevention 1996
Member

NH&MRC, QCHOC Working Party on Guidelines Development
and Implementation 1994-96
Member

Federal Health Ministers Round Table re Health Insurance
Reforms 1996

State Health Ministers Medical Work Force Summit 1997

Health Insurance Commission Clinical Advisory Group
Member

Greenslopes Private Hospital
Chairman, Medical Staff Council, 1996-99
Chairman, Hospital Advisory Committee, 1996-97
Medical Advisory & Ethics Committee
Director, Greenslopes Research Foundation 1997-2002

Princess Alexandra Hospital
Executive Medical Advisory Committee 1993
Casemix Steering Committee
Professional Medical Committee
Medical Imaging Liaison Committee
Surgical Safety Officer

Queensland Health
Casemix Development and Implementation Unit
Queensland Clinical Casemix Committee

MISCELLANEOUS:

Military Service:
Wing Commander 23 Squadron, RAAF, Amberley,
Queensland, Australia
Active Service Medal

Commercial Pilot Licence No. 223798
Multi-Engine Command Instrument Rating
Aerobatic Endorsement
Marine Licence Master Class V No. A005828
NAUI Openwater Scuba Diver II

**CLUBS AND
ASSOCIATIONS:**

Royal Queensland Yacht Squadron

Royal Queensland Aero Club

Queensland Charter Vessel Association

Athenaeum Club

United Service Club

The Brisbane Golf Club Inc

Queensland Police Pistol Club
National Police & Services Championship – Hobart 1983

PAPERS PUBLISHED

1. CARIDIS, D.T., REINHOLD, R.B., WOODRUFF, P.W.H., FINE, J. (1972)
"Endotoxaemia in man." *Lancet*, 1: 1381 - 1388
2. CARIDIS, D.T., ISHIYAMA, M., WOODRUFF, P.W.H., FINE, J. (1973)
"Role of the intestinal flora in clearance and detoxification of circulating endotoxin." *J. Reticuloendothel. Soc.* 14: 513
3. HARPER, D.R., DHALL, D.P., WOODRUFF, P.W.H. (1973)
"Prophylaxis in ilio-femoral venous thrombosis: the major amputee as a clinical research model." *Brit. J. Surg.* 60: 831
4. MAVOR, G.E., HARPER, D.R., WOODRUFF, P.W.H. (1973)
"Treatment of massive pulmonary embolism." *Brit. Med. J.* 1: 175 - 176
5. MAVOR, G.E., KASENALLY, A.T., HARPER, D.R., WOODRUFF, P.W.H. (1973)
"Thrombosis of the subclavian-axillary artery following radiotherapy for carcinoma of the breast." *Brit. J. Surg.* 60: 983
6. WOODRUFF, P.W.H., CARIDIS, D.T., CUEVAS, P., KOIZUME, S., FINE, J. (1973)
"Corticosteroid treatment of major trauma: mechanisms involved in their therapeutic effect." *Arch. Surg.* 107: 613
7. WOODRUFF, P.W.H., O'CARROLL, D.I., KOIZUMI, S., FINE, J. (1973)
"The role of intestinal flora in major trauma: in *Bacterial Lipopoly-saccharides*, eds. E.H. Kass & S.M. Wolff, p. 282, University of Chicago Press.
8. WOODRUFF, P.W.H., O'CARROLL, D.I., KOIZUMI, S. & FINE, J. (1973)
"The role of intestinal flora in major trauma." *J. Infec. Diseases*, Vol. 128, Suppl. S290
9. CUEVAS, P., ISHIYAMA, M., KOIZUMI, S., WOODRUFF, P.W.H., KAUFMAN, A., FINE, J. (1974) "Role of endotoxaemia of intestinal origin in early death from large burns." *Surg. Gynec. Obstet.* 138: 725
10. HAMER-HODGES, D., WOODRUFF, P.W.H., CUEVAS, P., KAUFMAN, A., FINE, J. (1974) "Role of intra-intestinal gram-negative flora in the response to major injury." *Surg. Gynec. Obstet.*, 138: 599
11. MAVOR, G.E., KRUKOWSKI, Z.H., MILLAR, D.G., KASENALLY, A.T., WOODRUFF, P.W.H. (1975) "The long term behaviour of autogenous vein by-pass grafts." *J. Cardiovasc. Surg.* 26: 130 - 134
12. MEECH, P.R., HARDIE, I.R., HARTLEY, L.C.J., STRONG, R.W., WOODRUFF, P.W.H., HIRST, G.H.L., CLUNIE, G.J.A. (1979) "Further Experience with an External Uretero-Vesical Anastomosis in Renal Transplantation." *Aust. N.Z.J. Surg.* 49: 629 - 633
13. GOUGH, I.R., WOODRUFF, P.W.H. (1980) "Thrombophlebitis from intravenous infusion." *Lancet* 1: 209

14. HARDIE, I.R., STRONG, R.W., HARTLEY, L.C.J., WOODRUFF, P.W.H., CLUNIE, G.J.A. (1980) "Skin Cancer in Caucasian Renal Allograft Recipients living in a sub-tropical climate." *Surg. 87*: 177 - 183
15. MEECH, P.R., HARTLEY, L.C.J., HARDIE, I.R., STRONG, R.W., WOODRUFF, P.W.H., CLUNIE, G.J.A. (1981) "Long Term Experience of Thomas Shunts on the Iliac Vessels." *Aust. N.Z.J. Surg. 51*: 161 - 165
16. HARDIE, I.R., HAMLYN, L.B., BALDERSON, G.A., GALL, K.L., WOODRUFF, P.W.H. (1982) "Perfusion of canine kidneys with dimethyl sulphoxide: Techniques and Toxicity in Organ Preservation: Basic and Applied Aspects." (D.E. PEGG, I.A. JACOBSEN, N.A. HALASZ Eds.) London: MTP Press pp 363 - 365
17. O'CONNOR, J.P., RIGBY, R.J., HARDIE, I.R., WALL, D.R., STRONG, R.W., WOODRUFF, P.W., PETRIE, J.B. (1986) "Abdominal hernias complicating continuous ambulatory peritoneal dialysis." *Am. J. Nephrol* 6(4):271-274
18. O'CONNOR, J.P., QUINN, J., WALL, D., PETRIE, J.B., HARDIE, J.R., WOODRUFF, P.W. (1986) "Cutaneous angiosarcoma following graft irradiation in a renal transplant patient." *Clin. Nephrol* 25(1):54-55
19. HARDIE, I., STRONG, R., WALL, D., PETRIE, J., RIGBY, R., LYNCH, S., WOODRUFF, P., HIRST, G., BALDERSON, G., MENZIES, B. "Results of 1000 Kidney Transplants in Brisbane." Renal Transplant Unit, Princess Alexandra Hospital and University of Queensland Department of Surgery, Brisbane. Transplantation Proceedings. (1989) Vol 21: p3775-6
20. RESTIFO, A.C., PETRIE, J.J.B., RIGBY, R., HARDIE, I.R., O'CONNOR, J., BURKE, R.R., ROW, R.G., STRONG, R.W., WALL, D.R., LYNCH, S.V., QUINN, J.M., WOODRUFF, P.W.H. "Experience with triple therapy in 114 cadaveric renal transplants." *Kidney International*. 1989 35;738
21. FRYDMAN, G.M., WALKER, P.J., CAVAYE, D.M., CODD, C.A., CONDOUS, M.G., FOSTER, W.J., EGERTON, W.S., BLACKFORD, F.J., DUFFY, P.B., QUINN, J.M., WOODRUFF, P.W.H., MAGEE, H.R. "Is there a seasonal variation in incident of rupture of Abdominal Aortic Aneurysms?", GSM, Perth, 1995
22. McGAHAN, T., QUINN, J., HARPER, J., ARCHIBALD, C., DUFFY, P., WOODRUFF, P., HUNTLEY, J., "Lessons learned from the first ten endoluminal abdominal aortic repair cases at Princess Alexandra Hospital". IES '97 Abstract Form
23. HOLLYOAK, M., WOODRUFF, P.W.H., MULLER, M., DAUNT, N., WEIR, P., "DVT's are a frequent finding in post-operative vascular surgical patients a frequent finding without prophylaxis." *JVS*, Vol 34, Issue 4, 2001, pg 656-660.
24. WOODRUFF, P.W.H., "Evidence Based Surgery". *JACS*, Vol 197, No. 3 September 2003, pg 521-522

PRESENTATIONS TO LEARNED SOCIETIES

1. WALKER, E., HARPER, D.R., DUTHIE, J.A., WALKER, M.G., KASENALLY, A.T., WOODRUFF, P.W.H. & MAHAFFY, R.G. (1972)
"Morphological studies on normal and arterialised saphenous veins."
Presented to the Vascular Society of Great Britain and Ireland, Dundee Royal Infirmary, Scotland. (November, 1972)
2. WOODRUFF, P.W.H., O'CARROLL, D.I., KOIZUMI, S & FINE, J. (1972)
"The role of intestinal flora in major trauma."
Presented at the International Endotoxin Conference, Warrenton, Virginia. (June, 1972)
3. HARPER, D.R., DHALL, D.P., & WOODRUFF, P.W.H. (1973)
"Prophylaxis in ilio-femoral venous thrombosis: the major amputee as a clinical research model."
Presented to the Association of Surgeons, Aberdeen. (March, 1973)
4. WOODRUFF, P.W.H. (1975)
"The place of operative arteriography in surgical embolectomy."
Presented to the Royal Australasian College of Surgeons (Qld Branch), Brisbane. (November, 1975)
5. BALDERSON, Glenda, BATTERSBY, C., WOODRUFF, P., CAVANAGH, Alice & FURNIVAL, C. (1976)
"Tolerance of the pig liver to ischaemia."
Presented at the 22nd Scientific Meeting of the Surgical Research Society of Australasia, Brisbane. (October, 1976)
6. WOODRUFF, P., BALDERSON, Glenda, HAMLYN, L., BODDICE, R., HARDIE, I. & CLUNIE, G. (1976)
"Toxicity, penetration and distribution of dimethyl sulphoxide in the canine kidney."
Presented at the 22nd Scientific Meeting of the Surgical Research Society of Australasia Brisbane. (October, 1976)
7. WOODRUFF, P.W.H., HARDIE, I.R., HARTLEY, L.C.J., STRONG, R.W., & CLUNIE, G.J.A. (1976)
"Results of cadaver kidney preservation using hypertonic Collins solution."
Presented to the Surgical Research Society of Australasia, Adelaide, S.A. (May, 1976)
8. BALDERSON, G., BATTERSBY, C., WOODRUFF, P., CAVANAGH, A., & FURNIVAL, C. (1977)
"Tolerance of the pig liver to ischaemia."
Presented to the Surgical Research Society of Southern Africa, Johannesburg, South Africa. (May, 1977)
9. CLUNIE, G.J.A., HARDIE, I.R., HARTLEY, L.C.J., WOODRUFF, P.W.H., & STRONG, R.W. (1978)
"Preservation of kidneys with Collins solution: results with 268 cadaveric kidneys stored for up to 24 hours."
Presented at the 14th Annual Meeting of the Australasian Society of Nephrology, Melbourne, Victoria. (February, 1978)

10. HARDIE, I., BALDERSON, G., BODDICE, R., HAMLYN, L., GALL, K., McKAY, D., & WOODRUFF, P. (1978)
"Perfusion techniques for the use of dimethyl sulphoxide in canine renal cryopreservation.
Presented to the Surgical Research Society of Australasia, Kuala Lumpur, Malaysia. (May, 1978)
11. HOCKING, M., & WOODRUFF, P.W.H. (1978)
"Local complications at the site of intravenous infusion."
Presented to the Surgical Research Society of Australasia, Kuala Lumpur, Malaysia. (May, 1978)
12. WOODRUFF, P.W.H., BALDERSON, G.A., CAVANAGH, A., & BATTERSBY, A.C. (1978)
"Experimental hepatic failure in the pig."
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13. HARDIE, I., HAMLYN, L., GALL, K., BODDICE, R., BALDERSON, G., & WOODRUFF, P.W.H. (1978)
"Assessment of dimethyl sulphoxide toxicity to stored canine kidneys."
Presented to the Surgical Research Society of Australasia, Adelaide, S.A. (October, 1978)
14. HARDIE, I., HAMLYN, L., GALL, K.L., BALDERSON, G.A., & WOODRUFF, P.W.H. (1981)
"Renal Cryopreservation: viability of cortical slices frozen after perfusion with dimethyl sulphoxide."
Presented to the Surgical Research Society of Australasia, Sydney, N.S.W. (October, 1981)
15. HARDIE, I.R., WOODRUFF, P.W.H., POLLOCK, G.A., GALL, K.G., HAMLYN, L., McKAY, D.A., & BALDERSON, G.A. (1982)
"Assessment of endothelial damage during arterial cryopreservation."
Presented to Surgical Research Society of Australasia, Perth, W.A. (October, 1982)
16. WOODRUFF, P.W.H. (1985)
"Surgery of Renovascular Hypertension."
Presented to International Cardio Vascular Society. Sydney (September, 1985)
17. WOODRUFF, P.W.H. (1988)
"Carotid thromboendarterectomy."
Presented to Princess Alexandra Hospital Society.
18. WOODRUFF, P.W.H. (1988) Q NET Statewide Telecast F.M.P.
 1. Abdominal aortic aneurysm
 2. Carotid surgery
 3. Surgery of reno-vascular hypertension
19. WOODRUFF, P.W.H. (1990)
"Update on Common Vascular Disorders." Presented to Maryborough Branch of the

- Australian Medical Association.
20. WOODRUFF, P.W.H. (1990)
"Technical Aspects of Abdominal Aortic Aneurysms."
Presented to Royal Australian College of Surgeons Symposium on Abdominal Trauma, Brisbane.
 21. WOODRUFF, P.W.H. (1990)
"Reno-Vascular Hypertension." Presented to Vascular Meeting, Princess Alexandra Hospital.
 22. WOODRUFF, P.W.H. (1992)
"Surgical Management."
Presented to Medical Professional at Bundaberg Technical and Further Education College, Bundaberg, Queensland. (September 1992)
 23. WOODRUFF, P.W.H. (1994)
"Venous Thromboembolic Disorders."
Presented to the Faculty of Medicine, The University of Queensland, Herston, Queensland.
 24. WOODRUFF, P.W.H. (1997)
"Renal Artery Disease The Role of Surgery"
Presented to The International Society for Cardiovascular Surgery, Adelaide, South Australia. (October 1997)
 25. WOODRUFF, P.W.H. (1998)
"Developing and Maintaining Skills in Vascular Surgery Today and in the Future."
Gold Coast Sheraton Mirage, Australia. (October 1998)
 26. WOODRUFF, P.W.H. (1998)
"Developing and Maintaining Skills in Vascular Surgery Today and in the Future."
Melbourne, Australia. (November 1998)
 27. HOLLYOAK, M.A., WOODRUFF, P.W.H., DAUNT, N.
"DVT's are a frequent finding in post-operative vascular patients."
Abstract prepared for presentation at the ASC, Auckland, New Zealand. (1999)
 28. WOODRUFF, P.W.H.
"Training in a low risk environment. Can we learn from aviation."
PA Week, Princess Alexandra Hospital. (2000)
 29. WOODRUFF, P.W.H.
"War Wounds" Australian Defence Force. (2000)
 30. WOODRUFF, P.W.H.
"Vascular Trauma" Australian Defence Force. (2000)
 31. WOODRUFF, P.W.H.
"Surgery in Bougainville as a member of the Australian Defence Force"
PA Week, Princess Alexandra Hospital. (2000)

PUBLISHED LETTERS TO THE EDITOR

The Courier Mail, November 28, 1996.

The Australian Financial Review, December 32, 1996: "Treat health disease first"

The Australian Financial Review, March 26, 1997: "Super place in health savings accounts"

The Australian Financial Review, April 16, 1997: "Frustrated surgeons:

The Courier Mail, May 8, 1998: "Government create gap"

The Bulletin, October 20, 1998: "Painful price"

The Australian Financial Review March 17, 2005: "Carr tells PM; "I'll cut taxes if you fix health"

Table A

Perioperative Death (Death within 30 days of operation)

P164

Bramich

P187

P189

P200

P207

P208

P215

P217

P220

P224

P19

P236

P238

KEMPS

P243

P22

P247

P253

P259

P266

P28

NAGLE

P274

P276

PHILLIPS

P283

P297

P301

P311

Table A

60

Table A

P316
P98
P317
P326

Total Records	34
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Perioperative Death in Patients with Terminal Pathology

P164

P187

P189

P200

P207

P208

P215

P220

P224

P19

P236

KEMPS

P22

P247

NAGLE

P274

P283

P301

P311

P316

P98

P317

Total Records

23

Perioperative Death in Patients with Terminal Pathology, presenting in
Extremis

P187
P189
P200
P207
P208
P22
P247
P255
P274
P283
P311
P316
P317

Total Records	13
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Table B2

74

Table B2

Perioperative Death in Patients with Terminal Pathology, with other Doctors involved

P164

P220

P19

P301

Total Records	4
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Perioperative Death in Patients with Terminal Pathology , Adversely
affected by Dr Patel

P215

P224

P236

KEMPS

NAGLE

P98

Total Records

6

Perioperative Death in Patients without Terminal Pathology

Bramich

P27

P238

P243

P253

P266

P28

P276

PHILLIPS

P297

P326

Total Records	11
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Perioperative Death in Patients without Terminal Pathology, who presented
in Extremis

P266

P276

P297

Total Records	3
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Perioperative Death in Patients without Terminal pathology where another doctor is involved

P217

P243

P253

P326

Total Records	4
---------------	---

Perioperative Death in Patients without Terminal Pathology , Adversely
affected by Dr Patel

Bramich

P238
P28

PHILLIPS

Total Records	4
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Table D

64

Table D

Non Perioperative Deaths

P166
P169
P172
P174
P177
P180
P182
P184
P192
P195
P199
P202
P204
P205
P210
P218
GRAVE
P227
P229
P234
P235
P241
P242
P244.
P246
P248
P251
P333
P256
P260

Table D

64

Table D

P264

P268

P272

P273

P278

P279

P281

P291

P292

P294

P295

P296

P334

P302

P308

P313

P44

P53

P322

P325

P327

P328

P329

P331

Total Records

54

Table D1

66

Table D1

Patient death which is not perioperative and is not related to Dr Patel.

P166

P169

P172

P176

P177

P184

P192

P195

P199

P202

P204

P205

P210

P218

P221

P234

P235

P241

P242

P244

P246

P248

P251

P256

P260

P264

P268

P272

P278

P281

Table D1

66

Table D1

P292

P294

P295

P296

P374

P302

P44

P325

P321

P328

Total Records	40
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Table D2

Patient death which is not perioperative and where Dr Patel's Involvement had no Adverse Outcome.

P182

P229

P333

P279

P291

P308

P313

P53

P322

P329

P331

Total Records	11
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Table D3

Table D3

Patient death which is not perioperative and where Dr Patel's Involvement contributed to an Adverse Outcome.

P150
GRAVE
P213

Total Records	3
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Table E

13

Table E

All Patients where Dr Patel contributed to, or may have contributed to an Adverse Outcome.

P11

P170

P10

P175

Bramich

P180

P190

P400

P15

Daisy

P56

P200

Fleming

P214

P215

P216

GRAVE

P222

P224

HALTER

P127

P236

P238

P74

KEMPS

P245

P2

P5

P259

P26

Table E

Table E

P28
P210
NAGLE
P213
Parsons
P216
PHILLIPS
P35
P36
P288
P37
P297
P298
P40
P38
Swanson
P306
P98

Total Records	48
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TABLE F

Breakdown of All Patients where Dr Patel contributed to, or may have contributed to an Adverse Outcome.

Adverse Outcome		Deceased	Alive
YES	24	9	15
MAYBE	24	8	16
TOTAL	48	17	31

Table G

100

Table G

Surviving Patients where Dr Patel contributed to, or may have contributed to an Adverse Outcome.

P71
P170
P10
P175
P190
P400
P15

Daisy

P56

Fleming

P214
P216
P222

HALTER

P127
P74
P245
P2

P5
P26
P28

Parsons

P35
P36
P288
P37
P298

P40

P38

Swanson

Table G

100

Table G

P306

Total Records	31
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TABLE H

Breakdown of Surviving Patients where Dr Patel contributed to, or may have contributed to an Adverse Outcome, to show major technical complications.

23 Patients

Major wound Dehiscence	Infection/Haematoma	Anastomotic Leak
7	12	5
NB . One patient, Swanson, had both Dehiscence and Anastomotic leak, and appears in 2 columns		

" PWHW 4 "

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR PETER WOODRUFF

Peter William Harold Woodruff makes oath and states as follows:

" PWHW 4 "

P36

Re-classified 'Maybe' to 'Yes'.

The failure to perform a colostomy at the initial operation was an error of judgement which significantly contributed to the adverse outcome.

P98

Re-classified 'Maybe' to 'Yes'

The absence of any objective evidence of cause of death prompted me to report the case to the Coroner. With the paucity of evidence available, Dr Patel was considered to have no more than 'Maybe' contributed to the adverse outcome.

The admission of a patient suffering obstructive jaundice, on day of surgery, fasted, significantly increases the chance of developing the potentially fatal hepato-renal syndrome. This error in management justifies re-classification of Dr Patel's contribution to the adverse outcome, to 'Yes'.

P2

The occurrence of skin wound bleeding in a warfarinised (anticoagulated) patient was initially considered to be within acceptable parameters. The occurrence of two haematomata, one requiring return to the operating theatre and the requirement to re-excise an incompletely removed skin lesion justify, on the grounds of inadequate technique, inclusion of Dr Patel's contribution to the adverse outcome in the category of 'Maybe'.

PWHW 3

P276

Initial chart review accepted the view expressed by Dr Patel that the blood loss of this patient was responsible for the observed hemodynamic instability and a consequence of diverticular bleeding. The nursing notes are at some variance with those of Dr. Patel, and indicate minimal or no PR bleeding. This

observation questions the indications for major surgery in a frail elderly patient. Review of the pre-operation ECG shows changes of an acute coronary syndrome. The anaesthetist records a past history of myocardial infarction and evidence of left ventricle strain. The patient was evolving a myocardial infarction. Consultation and more conservative management by Dr Patel may have produced a better outcome. Accordingly I have classified Dr. Patel's contribution to the adverse outcome as "Maybe".

SUPPLEMENTARY STATEMENT OF DR. PETER WOODRUFF CONCERNING
COMMISSION OF INQUIRY DISCUSSION PAPERS

There are a number of observations I wish to make concerning the Discussion papers issued by the Commission of Inquiry

Discussion Paper Number 4

1. Re paragraph 2
 - I agree that there is a conflict between the role of Queensland Health as both service provider and regulator. There is no doubt that the bureaucracy has over the years failed to admit and address problems raised by clinicians. Indeed, there have been occasions in my view where department administrators have obscured and obfuscated the true circumstances. The extent of the waiting list for surgical procedures is one example; the fact that the public hospitals work at about 30 - 50% of the efficiency of private hospitals with the same case mix is another; as is the imposition of arbitrary red tape requirements before patients are admitted to public hospital waiting lists.
2. Re paragraphs 6 and 7
 - I think the solution proposed is a good one.
3. Re paragraph 11.2
 - The establishment of an audit and review division with the function outlined in Annexure A to this supplementary statement would ensure that adverse outcomes are reliably brought to notice and treated in an effective fashion.
 - It is important that the division have sufficient power and autonomy to instigate its own investigations and that it be responsible to the Minister through the HRSC.
 - The audit division should be comprised of clinicians with appropriate resources. The audits ought not to be conducted by administrators. I believe it will be some years before administrators regain the confidence of clinicians.

Discussion Paper Number 5

1. Re paragraphs 2 and 3
 - The level of bureaucratic management has expanded at a rate out of all proportion to the provision of medical services in Queensland Health hospitals
 - This has led to "bureaucratic gridlock"
 - Control of patient management has been obstructed by the administration. The doctor sits at the wheel, but at every turn there are detours and road closures.
2. Re paragraph 12
 - This accurately reflects the present state of affairs

3. Re paragraph 15.2
 - I believe the transfer of responsibility for regulatory issues to an independent health and standards commission, and increasing the autonomy of regional hospitals, would remove the problems identified in paragraph 12
4. Re paragraph 16.4
 - An open and well informed public debate is critical in ascertaining what the community wishes to spend on its health care, and on what services.
 - It would assist in that process if key data was kept within an independent body

Discussion Paper Number 6

1. Re paragraph 5
 - The difficulties with internationally trained doctors extend beyond the level of their training
 - When brought in, overseas doctors must be integrated into and supported within the health care system. Ideally, a term of supervision and integration into networks would stand them in good stead before deploying them into regional and remote areas
2. Re paragraph 8
 - In past days the position of visiting medical officer was more attractive than it is today. The remuneration was not significantly better: indeed, it was not so long ago that the positions were honorary. But the doctors were able to care for their patients as they saw appropriate, and appointment to the position carried with it recognition of seniority and pre-eminence in the profession.
 - Re-establishing such positions of clinical authority would go a long way to attracting more senior clinicians back to the public health system

Further general observations

1. The problems which this inquiry has brought to light are not confined to Queensland. There is no doubt the system has real problems here, but many of the problems are shared with the rest of the country.
2. For too long the public has been kept in the dark about the true state of the health system. It has been in the interests of our governments and our departments to do so.
3. Criticisms of the system have been readily deflected: its complexity has contributed to that, as has the ability of governments to buck pass from one level to another.

4. There is an undoubted and significant discrepancy between the public and private health care systems, in terms of access, and in many fields, outcomes. It is nonsense to suggest that the two systems are equal. A patient is more likely to receive better treatment in the private hospital system. If you wish to have optimal health care, you should use the private system
5. We are not applying the resources to the public health system to deliver an appropriate level of service. The system is getting worse, not better. As our community ages, demands on the system will increase, not decrease.
6. There are a number of elements in any solution, and questions of degree and judgment are involved in their implementation. However, matters to which the community must give its urgent attention are
 - An open and accountable system of health care. Systems need to be put in place to identify the choices which have to be made. The community can have a Rolls Royce system, or we can ride around on push-bikes. The community needs to decide what level of system it wants. At present, the information presented is inaccurate, confusing and deficient.
 - A financial responsibility upon individuals who can afford it to fund their own health care.
 - Reasonable brakes on the use of the public system – a co-payment on general practitioner appointments is a good example of a sensible, and effective measure to discourage thoughtless use of the system

PLAN FOR AUDIT AND REVIEW

1. All "operations" or the surgeon and anaesthetic reports are logged into a computer data base in the O.I. complex on day of surgery.
2. This computer system is to be a "core system" indispensable & integral to the proper function of the clinical unit, which can gather information from other systems but does not interact with other systems, that is, part of the Intrahospital network specifically for the surgical team (*not part of the administrative system*).
3. Weekly meeting - The clinical workload for the week is reviewed by the Unit. In particular all "operations" performed are considered. All adverse outcomes and deaths are registered.
4. M&M meeting - Input for this monthly meeting is from the events registered on the computer system, as well as input from the administrative system via the DMS (*list of deaths*). Director of Unit & DMS sign off on this meeting.
5. Morbid cases - Where deemed, have their case-notes scanned into the "core system" on d/c or death of the patient.
6. Defined "flags" - Reported electronically to a "Central Audit and Review Committee". For this to be enthusiastically embraced by surgeons it must have the confidentiality and structure of the aviation counterpart—composed of senior practitioners.

For example:
a. massive transfusion
b. unscheduled return to OT
c. perioperative deaths
7. "Audit and Review Committee" - charged with the responsibility of identifying "out-lies", has access to the scanned database and other inputs.

- Statistical data from DRG analysis
- " " " ICDM-10 codes
- Complaints or reports
8. "Audit and Review Committee" - has the power to start or initiate its own investigation.
- Site visit by senior clinician would be particularly valuable at this juncture.

Outcome:
a. remedial action
b. nothing required
c. medical board referral
9. "Audit and Review Committee" - Reports directly to the Health Regulation and Standards Commission (HRSC).