



Hunt & Hunt

LAWYERS

Central Plaza Two, Level 23,
66 Eagle Street, Brisbane, Qld. 4000
Australia

Ph:
Fax:

GPO Box 834, Brisbane 4001

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Dear Mr Groth

Attached is the modified version of Dr Nothling's report.

Yours faithfully
HUNT & HUNT

Patricia Feeney
Partner

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DR MARTIN NOTHLING

MB BS, FRANZCP

Specialist Medical Practitioner in Psychiatry
International Member, American Psychiatric Association

Martin Nothling Medical Pty Ltd

A.B.N. 92 010 394 055

DX40585 SPRING HILL

**Suites 26-29, Silverton Place
101 Wickham Terrace
BRISBANE QLD 4000****Ph: (07)****Fax: (07)**

Our Ref: MN:11088

Your Ref: MER:PKF 10009195

22 September 2005

Ms Patricia Feeney
Hunt & Hunt Lawyers
GPO Box 834
BRISBANE Qld 4001

DX256 Brisbane

Dear Ms Feeney,

Re: **Peter LECK - DOB:**

At your request, I examined the above in Brisbane on 12 September 2005 in order to prepare this independent psychiatric medicolegal report.

You have asked me to address two questions:

1. Whether your client is capable of giving reliable evidence.
2. Whether, if he is required to give evidence, that process will adversely affect his psychiatric condition.

This report is based on information supplied by him at interview, from recommended pathology testing and from perusal of the documentation attached to your letter of 25 August 2005.

Facts and matters relied upon:**Medical Sources of Information**

1. Report, Dr Jeremy Butler, Psychiatrist, dated 8 June 2005
2. Letter, Dr Jeremy Butler, Psychiatrist, dated 20 June 2005
3. Report, Dr Jeremy Butler, Psychiatrist, dated 17 August 2005

Other Sources of Information

1. Transcript of Proceedings, dated 26 May 2005
2. DVD recording of Mr Peter Leck appearing before the Commission on 26 May 2005

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Report: **DR M NOTHLING: Specialist Medical Practitioner in Psychiatry; Suites 26-29 Silverton Place,
101 Wickham Terrace, Brisbane Q 4000; Ph: (07) 3839 7088; Fax (07) 3832 1629.**

In addition, on 16 September 2005 you supplied to me a further report from Dr Jeremy Butler dated 14 September 2005.

Mr Leck understood that confidentiality would not pertain to the preparation of such a report. He agreed to recommended pathology testing when the reasons for same were explained to him.

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OPINION

In my opinion, Mr Peter Leck presented to me on 12 September 2005 as suffering from a Major Depressive Episode and a Generalised Anxiety Disorder. His psychiatric decompensation began from late March 2005 and exacerbated to the point where he was referred to Dr Jeremy Butler, a treating psychiatrist, in Brisbane on 11 May 2005. Dr Butler originally diagnosed an Adjustment Disorder with mixed anxiety and depressed mood. As the original Commission of Inquiry proceeded, Mr Leck's psychiatric disorder intensified. However, there was, in my opinion, a significant exacerbation of his condition following his appearance at the Commission with about one hour's notice on 26 May 2005. His treatment by the Commission had been the subject of a Supreme Court hearing with respect to bias and a Supreme Court decision which resulted in the original Commission being wound up.

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In his report of 8 June 2005, Dr Jeremy Butler, the treating psychiatrist, stated that Mr Peter Leck was referred to him on 11 May 2005. When he was first seen, which was prior to his appearance before the Commission on 26 May 2005, Dr Butler noted he was suffering from significant anticipatory anxiety, which was resulting in impairment in his sleep, memory and concentration. Dr Butler diagnosed an Adjustment Disorder with Mixed Anxiety and Depressed Mood at that stage. In Dr Butler's opinion, the principal factor precipitating a worsening in Mr Leck's mental state was his unexpected appearance at the Commission on 26 May.

In my opinion, Mr Leck's appearance before the Commission was a significantly stressful experience for him. The manner in which he was summonsed, with one hour's notice to appear and with no opportunity to prepare his dress and appearance as a witness, served to heighten his anticipatory anxiety. His concerns as to being scapegoated would have been a further destabilising factor. Some of the questions put to him by the Commissioner implied personal wrongdoing. In my opinion, his experience of the appearance before the Commission significantly exacerbated the developing psychiatric disorder, which had been diagnosed at that point as an Adjustment Disorder with Mixed Anxiety and Depressed Mood, by Dr Jeremy Butler. His anticipatory anxiety with respect to any other appearance before the Commission has been heightened as a result of that experience. The manner, tone and content of the Commissioner's questioning confirmed his worst fears. In my opinion, his experience of 26 May 2005 before the Commission was the major contributor to the further development of the Adjustment Disorder into a more severe form of mental decompensation known as a Major Depressive Episode and a Generalised Anxiety Disorder.

In my opinion, any further appearance before the Commission will now lead to a significant increase in anticipatory anxiety and in the severity of the symptoms of the Major Depressive Episode and Generalised Anxiety Disorder. There was no evidence from the history or pathology testing that he was abusing any substances which would be exacerbating his psychiatric status. He had no past history of psychiatric treatment. Prior to the problems developing at the Bundaberg District Health Service he did intermittently and occasionally use the non-prescription St John's Wort as a self-administered substance in an attempt to treat some relatively minor anxiety symptoms that arose from time to time.

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In my opinion, the manner in which he was treated by the Commissioner at the 26 May 2005 appearance adversely influenced his progress and has adversely influenced his capacity to give reliable evidence before the subsequent Commission hearings.

He has received appropriate and ongoing care from his treating psychiatrist Dr Jeremy Butler. He has been treated with a therapeutic dosage of an antidepressant medication in addition to other psychotropic medications. He has received ongoing supportive psychotherapy from Dr Butler. However, he has not achieved a lasting remission of symptoms and he is currently certainly not stable and stationary. In view of the severity of the Major Depressive Episode and the Generalised Anxiety Disorder, it is understandable that he would have significant difficulties with concentration and memory. Under the pressure of an appearance at a Commission of Inquiry these problems are likely to intensify. In other words, if he were required to give evidence at the Commission of Inquiry, that process would adversely but temporarily affect his psychiatric disorders.

Individuals suffering from such a Major Depressive Episode and Generalised Anxiety Disorder would be expected to have difficulties with concentration and memory. Cognitive processes would be expected to be slowed and the organisation of his thoughts would be expected to be impaired. Given the above, it is my opinion that Mr Leck would probably not be capable in general of providing reliable evidence to the Commission with respect to the matters in question. It is improbable that his psychiatric disorder would improve to the point that he could give reliable evidence until the Commission had closed, thereby removing the major stressor maintaining his psychiatric disorders. I would expect that he would then gradually improve given the removal of this major stressor and given the ongoing psychiatric treatment from his treating psychiatrist.

His mental status on examination was consistent with the symptoms he described and with the diagnoses I have established above. There was no evidence that he was suffering from a personality disorder prior to the events developing in early 2005.

I have addressed the two questions which you have asked me to address.

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If you require further elaboration please contact me.

Yours faithfully,


DR MARTIN NOTHLING