### QUEENSLAND

### COMMISSIONS OF INQUIRY ACT 1950

## BUNDABERG HOSPITAL COMMISSION OF INQUIRY

#### STATEMENT OF DR DAVID CHARLES LITTLE

- 1. I, Dr David Charles Little, Specialist Anaesthetist, c/o Toowoomba Base Hospital in the State of Queensland acknowledge that this written statement by me is true to the best of my knowledge and belief.
- 2. This statement is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

#### Work history

- 3. I am a full time Specialist Anaesthetist at the Toowoomba Base Hospital and a Senior Lecturer at the University of Southern Queensland. I qualified MB, ChB in Liverpool UK in 1984 and attained FRCA and FCARCS(Ire) in 1991. I have worked as a Specialist Anaesthetist in Australia since 1995.
- 4. I worked in Bundaberg as a Specialist Anaesthetist from 1998 to 2000.

# Response to comments

- 5. I have taken great interest in the Inquiry but I was somewhat dismayed to find that my name was mentioned during Dr. Pitre Anderson's evidence. I feel that I was misrepresented in the exchange between Mr. Farr, Dr. Anderson and the Commissioner. I feel that my reputation has been maligned by the comments that were made. It is with regard to these exchanges that I wish to make some comment.
- 6. I was mentioned as having written a letter of complaint about Dr. Anderson. I wrote the letter out of concern primarily for the quality of care of the patients. Secondly, it was out of concern for the appropriate level of supervision for the junior surgeon. Thirdly, I was concerned that the lack of availability of Dr P. Anderson would impact on overtime costs and also quality of care because of fatigue. I was certainly concerned about his lack of immediate availability to come to the aid of junior surgeons who may be having difficulty thereby putting the patients at risk as well as the lack of supervision that went with this. I voiced my concerns about this lack of regard for the patients to Dr. John Wakefield the then Director of Medical Services. I was asked to put my concerns in writing.



- 7. I was described by Dr. Anderson as having "a history of multiple complaints". This comment was taken at face value and not examined. There is no evidence that this is the case. In the same way that Dr. Charles Nankivell is passionate about the quality of care that patients receive, I am similarly extremely concerned for the care that patients receive. I am happy to say that I advocate in a robust manner for their proper care and treatment, but I do not write complaint after complaint as was intimated by Dr. Anderson.
- 8. Similarly, I was accused of being the "prime mover in complaining about Dr. Stumer". Again this is absolutely untrue and is a gross distortion of the facts. There were a great number of people with concerns about Dr. Stumer's practice and in particular, the safety of pregnant women and their babies under his care. Many people raised their concerns with Dr. Wakefield. My involvement and concern for the patient's welfare was no greater than anyone else's. I take great exception to the way that I have been portrayed, particularly as there was no advocate to represent me at the Inquiry.
- In the evidence, Dr Anderson refers to me as a "serial complainer". I am deeply
  offended by this. Once again this was repeated without any evidence to back up
  the assertion.
- 10. It is an interesting part of medical culture that if doctor raises questions about another's practice or their ethics, then for some reason the person who raised the question is in the wrong. There is far from enough self reflection and responsibility for one's own actions among medical staff as stated by Dr Jenkins on 8<sup>th</sup> of August 2005. As I am sure you are by now aware the culture is to say nothing for fear of being labelled a "serial complainer". It is unfortunate that doctors do not speak up sooner because of this closing of ranks, when it is clear that the patient's best interests are not being served. It is clear that doctors, in particular, are afraid to speak up because of this culture of intimidation by their colleagues. They also do not speak up because in the main no one listens to them until it is too late.
- 11. I have no interest in appearing at the Commission of Inquiry; however, I do have an interest in putting the public record straight particularly where my credibility and character are so publicly maligned.

Signed at 14 10 40 on 314 September 2005

Dr David Charles Little Specialist Anaesthetist