00456954

Code A

RECEIVED 20 APR 2010

General Medical Council
Original was a Photocopy
Original was Poor Quality
Date rec 20 APR 2010
for scan
Original has been Photocopied to improve quality
Document has physical objects of

Code A

Code A
General Medical Council
3 Hardman Street
Manchester M3 3AW

15 April 2010

Dear Code A

Thank you for your letter 1 April under reference Code A together with a copy of the Council for Healthcare Regulatory Excellence (CHRE) statement in respect of Dr. Barton's case.

I note the Chief Executive, Mr. Dickson's response to the decision – I do not know who is responsible for the GMC public relations but in view of the Panel's extraordinary decision, a personal letter from Mr. Dickson to each of the families involved would have been more appropriate. I can only assume that Mr. Dickson is unaware of the incompetence of some of his staff in not informing the Panel or perhaps Field Fisher Waterhouse of action taken in the past. I hope you were also informed as the second Case worker involved the case since 1999. Paul Hylton was the first but was taken off the case. The shambles of switching Solicitors to Eversheds and back again I understand was your decision – and of course I am aware that at least one other case was put forward to the GMC (Mike Wilson)

I think it is particularly relevant that the Panel should have been made aware of the fact that sanctions were imposed on Dr. Barton when dealing with my case during the 2000-2002 period and these were only lifted when the CPS decided there was insufficient evidence for my case in 2001 and the Hampshire Constabulary refused to investigate other cases. Dr. Barton accompanied by Dr. Lord visited the GMC for an interview and was told the sanctions would be lifted. In response Dr. Barton suggested that the sanctions could carry on, on a voluntary basis "earning herself brownie points" – indeed she did. With the voluntary sanctions in place she had a clean bill of health for the last ten years. In addition she had resigned from the Gosport War Memorial Hospital. This resignation had nothing to do with pressure of work but due to a difficult interview with the police when she realised the complaints brought to the attention of the Health Authority were not going to go away. In addition she resigned from the Rowan House Hospice. I dread to think how many cancer patients were also "hurried on their way". In view of the fact that she was involved in Rowan House she would have been well aware of the analgesic ladder and guidelines in palliative and terminal care drugs. She should have been aware also of the work of Dame Cecily Saunders and her guidelines adopted throughout the world. Cecily would be turning in her grave. Who was responsible for Barton's appointment there and who supervised her ? Anyone dealing with death and bereavement in the field of counselling has to have a trained "supervisor" If trained counsellors are deemed to be at risk of developing stress or psychological problems why is it assumed that Doctors are immune which is not in the best interests of the patients and can lead to a lack of empathy with the family members. The personality problems presented at the GMC hearing appear to have been glossed over by the Panel - never was a description more true than that the Panel was made up of "lay" members – I would put it more strongly.

I would further emphasise that Dr. Barton was well aware that Mrs. Lack and myself had made complaints from the beginning but carried on and further deaths occurred. This was further complicated by the Hampshire Police incompetence from the beginning. No doubt you are aware that two formal complaints against officers were upheld in my case by the PCA and the IPCC.

I am far from confident that the sanctions imposed safeguard the safety of the public. Should Dr. Barton apply to practise again may I be confident that the families involved would be advised although any employer taking such a risk should not be involved in recruitment ? May I also add quite vehemently that the 12 families were the least of my concerns, what about the other 80 families who approached the police – they certainly did not have their cases investigated thoroughly.

I can only hope that eventually cases will be heard in the criminal Court followed by the Public Inquiry when the part played by the GMC and other "safe practice" organisations will be fully examined. Confidence in the medical profession or the GMC has not been enhanced by these cases or the Panel's decision.

I am sending a copy of this letter to Mr. Dickson – the buck stops at his desk. I hope he will have the good manners to respond, for this matter has not ended for the GMC, members of his staff or himself.

Yours sincerely.

Code A

G.M.Mackenzie

CC . Mr. N.Dickson
Field Fisher Waterhouse