

Sir

I write in response to the "Whistleblowing" issue of March 10, 2010

The articles by Suzette Woodward and Catherine Wolthuizen seemed to suggest that a supportive NHS framework, the GMC and an Act of Parliament would fully protect a genuine whistleblower. Our experience at the Queen Elizabeth Hospital Woolwich has been completely different and should be a cause of profound concern to all hospital doctors. I refer to the case of Mr Ramon Niekrash and the well publicised Employment Tribunal judgement in his favour for whistleblowing. At the time of his suspension, Mr Niekrash was a highly respected Consultant Urologist who had worked at the Trust for nearly 8years. He had an unblemished disciplinary record. He at the time held the role of Lead Clinician for Urological cancer. He was ordered off the hospital site by the Chief Executive while Mr Niekrash's registrar was engaged in an operating list. The only remaining consultant was then compelled to be on call for seven days and nights continuously until his other colleagues returned from booked leave abroad. All the managers responsible for this grotesque vendetta are still employed in senior management roles in the NHS. Some have been promoted. The costs to a bankrupt Trust serving a very deprived area are enormous yet the urology department continues to lack basic equipment and staff for patient care.

The role of the National Clinical Advisory Service (NCAS) is extremely disturbing. An official from this body was prepared to advise the then Chief Executive that suspension was justifiable solely on the basis of a telephone call in which the Chief Executive expressed a violently biased personal view. No attempt to seek any other opinion from any other source was made. Suspension was therefore said to be "justified."

It needs to be stated that the BMA declined to support Mr Niekrash's case in the Employment Tribunal. This was despite a senior officer of the BMA describing the case as the worst he had ever seen. Mr Niekrash was then compelled to meet the huge legal costs personally prior to the Employment Tribunal. If the BMA will not represent a member in a case like this, what exactly is the point of the BMA?

In this case there was clearly a concerted attempt by local managers to silence an unwelcome critic. In future it should not be permissible for such action to be taken without outside and fully independent investigation. A role for the Royal Colleges perhaps?

Finally where is the accountability for this managerial behaviour and gross abuse of taxpayer's money?

R. AIsworth FRCS
Consultant Urological Surgeon
Queen Elizabeth Hospital Woolwich