

Submission  
No 8

**INQUIRY INTO OFF-PROTOCOL PRESCRIBING OF  
CHEMOTHERAPY IN NSW**

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Mr. Wal Secord  
Shadow Minister for Health  
Parliament House  
Sydney

I understand that there is to be an Upper House enquiry into the so called "chemotherapy under-dosing scandal" that is currently captivating the media and the Parliament of NSW. I write as a long standing Visiting Medical Officer in Surgery and until recently Chairman of the Department of Surgery at St George Hospital who was recently critical of the way NSW Health and the Minister of Health handled the situation which has arisen at St George and Sutherland hospitals. I write in support of Dr. Kerin Phadke who has been an unfortunate victim of the resulting paranoia. I have been in close contact with Dr. Phadke throughout this ordeal and also share rooms with most of the oncologists involved as well as being on the Executive of the Clinical Council of St. George Hospital so have some insight into what has transpired over the last three months.

As background to this sad affair Dr. Phadke has been associated with St. George Hospital since 1975 when he arrived as a refugee from Uganda and was appointed to the hospital as a Resident Medical Officer. He was from a prominent Afro-Indian family with his grandfather one of the first members of the Kenyan government, an uncle a High Court judge in Uganda and his father a successful lawyer. All this was of no help under the dictatorship of Idi Amin and Dr. Phadke who had ironically received his graduation certificate from the hand of the dictator, witnessed terrible atrocities and he and his family had to abruptly leave the country of their birth. He found a safe haven in Australia and at St. George and being academically gifted his career blossomed. He was the first Registrar in medicine at St. George to pass his fellowship exam at the first attempt and trained in Haematology under the guidance of the foundation Professor of Medicine Robert Pitney. He embarked on an academic career in Haematology in Manchester in the UK but was headhunted to come back to Australia to the Sydney Hospital Kanematsu Institute as a staff haematologist (ironically by one of the reviewers of his current practice]. When Sydney Hospital closed its services he took up a position at St. George as a visiting Haematologist and Medical Oncologist. At that time there were no cancer oncology services at St. George and over the next thirty years he was the major architect of what it is today a world class facility treating over 1700 new cases of cancer annually. He was instrumental in setting up The Cancer Centre and the Prostate Cancer Institute( the first in Australia to offer Brachytherapy to prostate cancer sufferers), . He was a driving force in building Bezzina House, a residential facility for country patients and their families to stay at while undergoing cancer treatment. He has played probably the major role in money raising efforts from local organisations and charities to fund these services. Over \$5million was raised partly due to his contacts with these community groups and as a result he is well respected in the Sutherland and St. George communities which has reacted badly to his current predicament. One only has to look at the overwhelming support he has received in the local press to appreciate his standing in the community.

Dr. Phadke was the Director of Cancer services at St. George and Sutherland Hospitals for 25 years until last year and has trained over 40 oncologists. Nine oncologists currently working on the staff at St. George were trained nurtured mentored and appointed by him. One stated that he had never known Dr. Phadke to put his own wants or needs before the priorities of patients or his colleagues. Most despite the recent

“investigation” have stated that they would have no hesitation in letting him treat them or their families now even under the current circumstances

Dr. Phadke currently practises as a medical oncologist but still treats a significant number of haematology cases at Sutherland Hospital . Historically this occurred because the haematologists at St. George would not service their southern neighbors. He still treats 20-30 new cases of lymphoma and myeloma annually . He in conjunction with a private group have opened a private outpatient oncology service adjacent to the hospital and competition from this may adversely affect the numbers at the Sutherland hospital unit which has led to some insecurity in that unit . It is well known that there is a feeling amongst his colleagues that he shouldn't be treating these patients which has led to some angst and antipathy. He is probably the only oncologist in NSW that works in both areas of Haematology and cancer oncology. He has remained busy in both areas because he offers a good service and is well liked by patients and their families. The local GPs who are the gatekeepers of care refer him patients because he is approachable and develops good rapport with patients and their families but most importantly produces good outcomes in the context of a high risk medical environment. All this plus the fact that he has had a fairly fractious relationship with hospital administrators over the last few years may play some part in the genesis of the the initial complaint and how the hospital and health area authorities have handled the situation.

As you would appreciate the journey that a patient with haematological or solid cancer takes to cure is a long and arduous one and sometimes the relationship with their treating doctors extends over decades.. Indeed the two patients that the MOHs office and the press have implied were “Killed “ by Dr. Phadke had been under treatment for 10 and 13 years respectfully. Patients confront many obstacles on the way with multiple adjustments to their treatment regimes , management of complications, consideration of other complicating illnesses etc and the sad truth is that a high proportion of patients do not survive in the long term. A good doctor will always do what he thinks is in the patients best interests and not be protocol driven . Some oncologists are more risk adverse than others preferring to adjust dosage regimes to the individual patients requirements so as to prevent unnecessary toxic side effects and even death from treatment. A retrospective review of patients looking only at hospital notes with no reference to the doctors private notes or knowledge of discussions with patients and their “ families gives only a snapshot of the overall situation and to suspend a doctor and go to full patient disclosure on this basis is premature , unfair and pays no heed at all to the principles of natural justice. Its also unfair also to the other patients currently being treated and their families causing confusion, and anxiety about their care by someone they have entrusted their lives to.

It is important to recognise that clinical trials which purport to show “best practice” are performed on a selected group of patients with high risk and inappropriate cases being excluded The principle that a treating doctor has an obligation to adjust treatment and dosage depending on the individual patients needs is threatened by the very nature of this debate and was a cause for concern at the recent Medical Oncology Group Australia meeting in Brisbane and resulted in a press release to this effect.

I understand that one of the criticisms of Dr. Phadke was that he did not submit enough patients for stem cell transplants but one has to realise that this procedure has a 50% success rate and many patients do not want to endure the toxic side effects and refuse this form of therapy. The background to this is that Dr. Phadke when he does refer

patients for Stem cell transplants sends them to Royal Prince Alfred Hospital, much to the chagrin of his haematological colleagues. Chemotherapy is a treatment that takes its toll on patients and families with severe emotional distress and sometimes patients change doctors because of the sheer frustration of a seeming lack of progress. Despite having treated thousands of patients over thirty years its interesting that none of the complaints against Dr Phadke have come from patients or their families and that the 1800- number set up by the hospital to answer anxious patient enquiries has been overwhelmed by calls of support for Dr. Phadke. I have been involved with him professionally for over two decades having treated hundreds of mutual patients and have never had a patient complain about his care of them.

This situation should never have got to the stage it has today where a thirty year career of service to the hospital and community has been destroyed and a much loved and respected doctor has had his professional reputation, his health and his families wellbeing and privacy violated. The furor surrounding the St. Vincents cases (and I have no insight or knowledge of them ) plus the recent scandal concerning the Professor of Radiation Oncology at St. George has resulted in a hospital administration which is terrified of missing malfeasance by medical staff and has resulted in a overreaction to Dr. Phadkes situation. The complaints process is intrinsically unfair. For a complaint to be made and an investigation to be instigated with the perusal of only hospital inpatient notes by a person who was according to the guidelines inappropriate, without any examination of the doctors own notes or consideration of the doctors discussion with the patient as to what their informed consent decision is belies belief A doctor can only advise patients about their treatment options including likely outcomes, morbidity associated with treatment, and then it is up to the patient to decide what they want to do.. Many patients refuse treatment when confronted with the reality of toxicity and seek alternate treatments. Steve Jobs doctors are not being punished because he refused advice to have surgery for a potentially curable condition preferring naturopathy and a diet of horse manure. For Dr. Phadke to have been suspended from his hospital practice at such an early stage of the investigation, before he had even been told the names of the patients, not respecting the confidentiality of the process, and going to a full public disclosure before considering his response was premature, unfair and prejudicial to him getting a fair hearing. For the matter then to be highjacked by the Ministers office and to be used as a political stunt to prop up her increasingly fragile position was shameful. It gives me no pleasure in criticising Mrs Skinner as she has been a good friend to sSt. George Hospital recognising its perilous physical dilapidation and committing funds to rectify it. I feel the good she has done has been vastly overshadowed by the the terrible injustice done to one of her loyal employees.

Kiran Phadke has been the victim of a perfect storm with the coming together of an unfair and flawed complaints protocol, a hospital administration scared of missing another "health scandal" and with an obsession to protect "whistleblowers", ungrateful and malicious colleagues, a media hungry for any news story to titillate its viewers, and a health ministers office that is happy to sacrifice a loyal employees reputation for cheap political purposes.

There is probably no legal jurisdiction in existence that would accept an anonymous complaint, investigate it with access to only a limited part of the evidence, not allow the complainants evidence in defence to be heard, nor allow any legal representation at the trial in this case the kangaroo court of the NSW medical board. This is the level of governance and morality that typifies NSW Health in 2016.

Hopefully your investigation will help in rectifying this situation

Yours Sincerely

Kevin Hanel FRACS