

**Submission  
No 21**

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

**Name:** Mr Stuart Hills  
**Date received:** 17 October 2016

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Stuart Hills

October 17<sup>th</sup>. 2016

Submission to NSW Legislative Council Select Committee Inquiry into off-protocol prescribing of chemotherapy in New South Wales

I write as a grateful patient of Dr. Kiran Phadke.

In late 2010 I was diagnosed as suffering Hodgkins Lymphoma. Following initial investigation my GP at the time referred me to Dr. Phadke. Final diagnosis was made in November 2010 from biopsy of a lymph node removed from my neck.

Prior to commencement of chemotherapy Dr. Phadke ordered both a respiratory function test and also a PET scan, staging the progress of the disease. I was fortunate that it had been caught at an early stage, stage 2.

Chemotherapy was commenced in January 2011. I no longer remember the drugs used but 3 or 4 different chemicals were used. Treatment was at fortnightly intervals. Prior to each subsequent chemotherapy session my blood cells were monitored to ensure that my body could cope with the treatment. Following each session I received treatment to boost my white blood cells.

In May 2011 Dr. Phadke judged that I had received enough chemo treatment - I had begun to suffer nerve damage in my feet and fingers. To check the effectiveness of the treatment Dr. Phadke referred me to RPA Hospital for a further PET scan. Unfortunately, this PET scan revealed some remaining cancer. This resulted in a further month of treatment. In June I underwent another PET scan which showed that my body was clear of cancer.

My case had been under regular review by Dr. Phadke until these current accusations were made. I am pleased to say that, following recent independent review of my case, I am now regarded as cured.

The treatment I received at the Oncology Unit at Sutherland District Hospital was, I believe, first class – as good as at any hospital in the world, a comment which I made in a letter to the St. George & Sutherland Shire Leader following completion of my treatment. I put that down, in large part, to Dr. Phadke's management and oversight of the unit.

Despite the precautions taken, in the first week of February I fell victim to an infection which hospitalised me for a week. This gave me further opportunity to observe the quality of, care given by Dr. Phadke, of his clinical judgement, of his effective mentoring and leadership of his team.

It distressed me to hear of the accusations against Dr. Phadke. I regarded him as caring, dedicated and professional. I still regard him as such. I sincerely hope that this inquiry restores Dr. Phadke's reputation and supports his clinical judgement. It does seem to me that the key issue here is the clinician's professional judgement. Treatment should not be divorced from the clinician's judgement in favour of rigid adherence to a set protocol.

Sincerely,

Stuart Hills