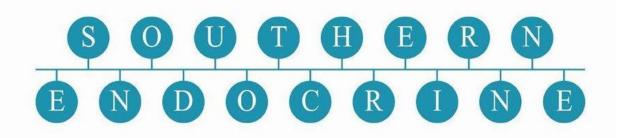
Submission No 87

INQUIRY INTO OFF-PROTOCOL PRESCRIBING OF CHEMOTHERAPY IN NSW

Name: Mr Stephen Thornley

Date received: 25 October 2016



22.10.16

Director of Committee

Re; NSW Legislative Council Inquiry into off-protocol prescribing of chemotherapy in NSW

Re: Dr Kiran Phadke

I write in relation to the matter of Dr Kiran Phadke and recent extremely adverse publicity generated by NSW Health and the NSW Minister of Health, Ms. J Skinner, incorrectly alleging in the public domain that Dr Phadke had under-dosed chemotherapy patients when this was not the case. There was no reference to outcomes, or proof provided that his patients had worse outcomes compared to those of his peers.

Worse still the press conference of August 2nd 2016 named and shamed Dr Phadke before NSW Health inquiries were complete. A distinguished 35 year career during which Dr Phadke started from scratch Oncology services in Southern Sydney, at the same time through voluntary work raising over \$5 million to enhance these services and also to initiate major research through entities such as the St George Hospital Prostate Cancer Institute. Of note Dr Phadke has not had a single patient or clinician raise a complaint against him in nearly 4 decades of practice.

This mans' outstanding lifs'e work and reputation has been destroyed by the callous, careless and incorrect ministerial utterances, not by the correct application of due review and legal process.

The matters before this committee have a massive potential to adversely affect the treatment of our patients. Treatment guidelines, whether they relate to my specialty, Endocrinology or Oncology are just that, guidelines. Human beings are complex and all different. Treatment is modified by every single doctor practicing according to a patients age, weight, other medical conditions that may increase the risk of toxicity of a treatment and of course, after thorough discussion regarding a patients' individual preferences and wishes. The treatment of a 25 year old 100 kg Wallaby footballer with leukaemia (as occurred recently) will be of course much more aggressive than that of a 90 year old dementia patient weighing 50 kg with the same condition.

Diabetes, Endocrinology, Osteoporosis, Diabetes Education, Dietician, Diabetes Psychology, Exercise Physiology, Insulin pumps

Of note, every Hematologist and Oncologist I know has under dosed their patients and for very appropriate reasons. I am sure this would include members of the reviewing committees.

The implication of the recent debate is that there should be NO deviation from guidelines. This is wrong and extremely dangerous. Oncology guidelines are fluid and change frequently so which guidelines are being referred to by NSW health? The ones of 2003,4,5,6,7,8,910,11,12,13,14,15 or 2016?

The current climate created inappropriately by NSW Health has the potential to remove discretion and tailoring treatment by Physicians to individual patients, thereby increasing toxicity, reducing well-being and quality of life, directly leading to increased mortality.

"Primun non nocere" "Do no harm". A part of the Hippocratic Oath. Hippocrates in 300 BC knew more about guidelines than the current mob of Bureaucrats at NSW Health.

I note that the current head of the local health district looking after Dr Phadkes' matter is a Psychiatric Nurse, what could he possibly know about, or keep up to date with, ever-changing chemotherapy guidelines?

Finally and most importantly I fear for our patients with cancer who are facing the most overwhelming and stressful time of their life. To take away their right to discuss and choose treatment in consultation with their treating clinician is diabolical in the extreme. They need a sensible and compassionate guiding light like Dr Phadke to help them through this overwhelming process in a way that maximizes outcome and minimizes toxicity and of course mortality.

The work of this committee is vital; the delivery of quality patient care in the future will be trashed by the bureaucrats unless a line in the sand is drawn.

The following comments are also made:

- 1) The Advert placed in the Daily Telegraph stated that the Reports of Adverse findings relating to Dr Phadkes' treatment were "confirmed" when this was not the case; taxpayers funds were wasted and the process jeopardized, in placing these ads.
- 2) Minister Skinner and her bureaucratic cabal have destroyed the life and career of this outstanding clinician and very decent man who has given 35 years of his life to NSW Health without showing the most basic human courtesy or allowing due legal process to occur in breach of NSW Health's own protocols for dealing with such matters. This reminds me of the show trials in Stalinist Russia or Hungary post 1956 Revolution!
- 3) While nobody would argue the right of a nurse to query the medical management of a clinician as per the NSW Health protocols (which were sidestepped in this case) one can only cause to wonder the nurse that has the time and motivation to review all of Dr Phadke's haematology files dating back to 2003 to flag 3 alleged irregularities in management, noting also that in 2003 no guidelines existed and the treatments were based on literature review and clinical expertise. We note also that Ms. Skinner cited the nurse being from Sutherland whereas other reports cite St George hospital.

In relation to the Terms of Reference I make the following comments;

- a) Electronic prescribing systems. I am a physician of 20 years standing and this statement is meaningless. Apart from human prescription error which is reduced by such systems I know of no clinical trial data that shows that such systems reduce the rate of under or over-dosing or improve outcomes.
- b) Value of potential of new patient information and informed consent; re; dose adjustments. Such information would be considered a part of standard clinical practice.
- c) See B.
- d) By sheer weight of numbers this would be logistically impossible.
- e) Not applicable to Dr Phadke
- f) See above. NSW Health has breached its own code of conduct in its dealings with Dr Phadke and denying an appropriate follow through of appropriate process.

It must be noted, that through Dr Phadke's efforts the oncology unit at St George hospital was expanded at a time when the rest of NSW health was under duress and facing cutbacks. This created enemies within the bureaucracy of NSW Health whom I believe have proactively sought and achieved this disgraceful investigation as retribution

Yours sincerely,

STEPHEN THORNLEY