

GENERAL MEDICAL COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

Monday 1 September 2003

44 Hallam Street, London W1

Chairman – Professor Peter Richards

Panel Members:

Dr Nihal Gunasekera
Mr Neville Harrison
Mrs Muktesh Kakar
Dr Charles Winstanley

Legal Assessor: Mr Douglas Readings

Case of:

EASTGATE, John William

(DAY ONE)

MISS JOANNA GLYNN QC and MR A HURST of counsel, instructed by Messrs Withers, solicitors, appeared on behalf of the Council.

MR JAMES TURNER QC, instructed by Messrs RadcliffesLeBrasseur, solicitors, appeared on behalf of Dr Eastgate, who was present.

(Transcript of the shorthand notes of T. A. Reed & Co
Tel No: 01992 465900)

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A THE CHAIRMAN: Good morning. Dr Eastgate is present and is represented by Mr James Turner, Counsel, instructed by RadcliffesLeBrasseur, solicitors. Miss Joanna Glynn, Counsel, instructed by Withers, Solicitors, represents the Council.

Doctor, will you please stand.

B THE COMMITTEE SECRETARY: The Committee will inquire into the following charge against John William Eastgate, registered as of Baynards Ash Farm, Brinkworth Road, Swindon, Wiltshire SN4 8DT, MB ChB 1973 Brist SR:

“That, being registered under the Medical Act,

C ‘1. At all material times you were a consultant in adolescent psychiatry at the Princess Margaret Hospital, Swindon (the Hospital);

‘2. a. On 13 June 1996 Miss A (date of birth 19 March 1983) was admitted to the Hospital and on 27 June to the adolescent unit,

b. At all material times you were the consultant in charge of Miss A’s care;

D

‘3. a. On 9 July 1996 you held an individual session with Miss A in which you,

i. assisted Miss A to identify the person who “had let her down”,

E

ii. asked whether “it happened once or a number of occasions”,

iii. asked Miss A “when she first felt uncomfortable”,

b. Your questions and comments relating to the above were,

F

i. inappropriate,

ii. unprofessional;

‘4. a. In the afternoon of 9 July 1996 you held a further individual session with Miss A in which you,

G

i. told Miss A that what Professor X had done sounded wrong,

ii. told Miss A that you were “worried that he may have done it to other children as well”,

H

b. Your comments relating to the above were,

- A
- i. inappropriate,
 - ii. unprofessional;

‘5. You failed to keep a verbatim account of your interviews with Miss A on

- B
- a. 9 July 1996 (afternoon session),
 - b. 10 July 1996 (11.15am),
 - c. 10 July 1996 (5pm),
 - d. 11 July 1996 (9.30am),
- C
- e. 15 July 1996,
 - f. 16 July 1996,
 - g. on or about 19 July 1996;

D

‘6. a. You reported the allegations made by Miss A in relation to Professor X to the Child Protection Team,

i. without first having taken reasonable steps to verify their truth or otherwise,

E

ii. without first sharing your concerns with the parents of Miss A,

b. Your conduct in this regard was,

i. inappropriate,

ii. unprofessional;’

F

“And in relation to the facts alleged you have been guilty of serious professional misconduct.”

THE CHAIRMAN: Dr Eastgate, please sit. Mr Turner, are any or all of the facts alleged in the charge admitted?

G

MR TURNER: Sir, can I go through them, starting at number 1. That factual allegation is admitted although for completeness Dr Eastgate’s title was “Consultant in Child and Adolescent Psychiatry.

Paragraph 1(a) is admitted but for completeness, after the date “27 June” is should be made clear that that, like the earlier date is 1996.

H

Paragraph 2(b) is admitted.

A Paragraph 3 is not admitted overall, but I make it clear on behalf of Dr Eastgate that he did on 9 July 1996 have a session with Miss A in which he pursued questions as to who had let her down and the result of the discussions between them was that she disclosed she was unhappy with her experiences with Professor X. It is the way in which (i), (ii) and (iii) are framed that ---

B THE CHAIRMAN: So as phrased here, not admitted.

MR TURNER: Not admitted but, as I say, I do want to make it clear that it is not a denial that any such conversation of that sort of gist took place.

THE CHAIRMAN: That is very helpful. Thank you.

C MR TURNER: 4(a), similarly to 3. It is not admitted overall, albeit I make it clear that it is admitted there was a further discussion on the afternoon of 9 July 1996 in which Dr Eastgate did tell Miss A that what she said Professor X had done sounded wrong, and he did tell her that he was concerned about the position of other children. There is no admission as to the precise form of words.

D Paragraph 5: if for the word “failed” there was substituted the words “did not”, then that would be admitted, but the word “failed” has implications of conduct which falls to be criticised. As a matter of fact he did not keep a verbatim account of interviews on those days.

E Paragraph 6(a) is not admitted as framed although, again, I make it clear that Dr Eastgate does admit that he discussed with the joint co-ordinator of the Wiltshire child protection team the allegations made by Miss A and, as a result, the matter was referred to the child protection team but he, as such, did not formally report or refer it to the team. 6(a)(i) is denied. 6(a)(ii): it is admitted that the discussions with the co-ordinator of the child protection team took place without any discussion with the parents. 6(b) is denied.

Sir, I hope that is helpful. It may be a little nit-picking but ---

F THE CHAIRMAN: No. It is very, very important that we are quite clear. Miss Glynn, these are really amendments but the factual insertion of “child and” in head of charge 1, and of the 1996 in 2(a) – do you have any problem with those?

MISS GLYNN: No problem whatsoever.

G THE CHAIRMAN: And I imagine the Legal Assessor has no problem.

H MISS GLYNN: Mr Turner and I had an opportunity to discuss these matters. Could I just express the Council’s view about the matter that Mr Turner has set out. Of course, we endorse the insertion “child and”, and “1996”. As for the other matters, may I turn to head of charge 5 we submit that that head of charge should remain exactly the way it is, that he “failed to keep...”. That is the allegation but, of course, all parties will understand that Dr Eastgate accepts that he did not keep those records thought he does not accept the indication of the word “failed”. As for the head of

A charge 6(a), it may be appropriate to insert there “you caused to be reported”. In other words, the words “caused to be [reported]” the allegations made by Miss A. That, on the face of it, would seem to cater for the defence case which, as I understand it, is admitted.

THE CHAIRMAN: So 6(a) to read: “You caused to be reported...”. Mr Turner?

B MR TURNER: Yes. In view of that change of wording ---

THE CHAIRMAN: So 6(a) would then be?

MR TURNER: These discussions were the cause of the reference to the child protection team.

C THE CHAIRMAN: And then where does that leave 6(a)(i) and 6(a)(ii)?

MR TURNER: 6(a)(i) is denied, and 6(a)(ii) is admitted.

THE CHAIRMAN: That, I think, is quite clear. Miss Glynn?

D MR TURNER: I am sorry. Before my learned friend starts there is one matter I should mention. I have present in the room a lady who may be called in due course as an expert witness on behalf of Dr Eastgate, Dr Alison Hall. My learned friend knows about Dr Hall and, as I understand it, has no objection to her remaining, albeit she may give evidence in due course. May I have the Committee’s consent?

THE CHAIRMAN: It is the normal procedure unless any members of the Committee have a problem with it. (None)

E MR TURNER: I am most grateful.

MISS GLYNN: Sir, would you excuse me a moment please?

F THE CHAIRMAN: I should just, for absolute clarification make quite clear the charges which have been admitted and therefore found proved – at least the heads of charge.

Head 1, amended to read “Consultant in Child and Adolescent...”.

Head 2(a) amended to include after “June” – “1996” and 2(b).

G Also 6(a) amended to read, you “caused to be reported...” and 6(a)(ii).

MISS GLYNN: Thank you, sir. Would you be kind enough just to grant me a minute?

THE CHAIRMAN: Yes.

H MISS GLYNN: May I deal with two practical matters before I begin to open the case. Firstly, this is a somewhat sensitive case, as I am sure the Committee will

A understand. Therefore all parties are very keen to maintain the anonymity of both the girl involved and also the person who was complained against, which is why the appellations have been used in the heads of charge that have been used. I very much hope that if there are any slips, which there may be either through witnesses or indeed through counsel, that the press will understand the sensitivity of the case and will not report any names that do happen to slip out.

B THE CHAIRMAN: The press are normally very understanding in these circumstances and I would ask them to be very understanding in this particular case.

C MISS GLYNN: Thank you, sir. Secondly, at an earlier stage, in fact up until quite recently, the Council understood that there may be some legal points that were going to be taken at the beginning of this hearing. As a result, we organised our witnesses accordingly. The position is this. It will probably take me the best part of an hour to open this case because I would ask the Committee to bear with me whilst we go through the documentation. Thereafter I have a witness who is due to arrive here any minute now, but she has not had the opportunity to familiarise herself with the room. I would ask the Committee, please, to take their coffee break at that stage so that she can be familiarised with her surroundings before I call her. She, unfortunately, is the only witness I have today. The next witness will be Professor X who can be here first thing tomorrow morning, and thereafter there will be Professor Zeitlin, who is our expert witness. I am afraid that does mean there is likely to be a hiatus this afternoon, probably from about 3 o'clock. I am not sure how long it is going to take the evidence of my witness. It is time that will be usefully spent by the Council with their expert. For various reasons there is material that needs to be gone through at this stage, but I hope the Committee will not mind if we rise at an earlier time and come back again tomorrow morning.

E THE CHAIRMAN: It seems that it needs to be so.

MISS GLYNN: Sir, I can also say that Mr Turner and I are confident the case is not going to last as long as we had feared it might do, so that may bring some comfort to Committee members.

F Sir, this is a case that concerns the management of an allegation of so-called sexual abuse made by a bright, it is accepted, angry and at times resentful 13 year old girl who was undergoing a number of adolescent difficulties at the time. The case concerns the erroneous, so we submit, way it was handled by Dr Eastgate, who at the time was charged with her care.

G The context of the case is very important. Dr Eastgate was working at the material time as a Consultant in Child and Adolescent Psychiatry at the Princess Margaret Hospital in Swindon. As such we submit that it was crucial that he should be conversant with and apply the principles of good practice that had been promulgated since the Cleveland Report in 1988. Specifically, that it is very dangerous when faced with a child saying something that is equivocal in meaning to start from the premise that sexual abuse did occur, and furthermore, to indicate to that child the psychiatrist's view of what he thought had happened or any preconceived ideas. The dangers of doing so were well recognised by the time of these events, namely 1996. Those dangers are that the doctor, by doing this, is likely to lead the child to a perception

A that she is indeed an abused child, which is likely, indeed we would submit, almost certain to have a huge impact on the child's psychological functioning.

In this case the child was, as I say, a bright, angry and resentful, and it has to be said, difficult adolescent, and the imposition of such preconceived ideas by the psychiatrist who is looking after her is likely to justify her anger in her own eyes and colour most of the things she would say thereafter. I say that because that is the evidence of the Professor of Psychiatry whom I shall be calling.

B In this case, after the initial allegations that I shall describe to you in a moment, made against Professor X, none of which, we suggest, were true (although that is not an issue to be dealt with here), she went on to make very serious allegations against three other people, including her father and somebody who had worked for the family for many years, who had died by the time she made the allegations. You will see him referred to in the notes as B. You will see a very positive relationship she had with him, followed by these allegations that he had been sexually abusing her, again not true, we submit, but not a matter to be determined here.

C Of course, these allegations that developed after the initial stage with which this Committee is concerned, when she made the allegations in relation to Professor X, which we say were mishandled by Dr Eastgate, pulled the family asunder for years. Indeed, the child concerned was placed in care and one can only marvel at the fact that now she is studying at Oxbridge College and living at home with her family during university vacations. But it is difficult to over-estimate the effect of what happened in 1996 on Miss A and, indeed, her family. We say that it is difficult to over-estimate the seriousness of the mishandling of the initial allegations, which is what this case is all about.

D The key evidence will be expert evidence provided by Professor Zeitlin, Emeritus Professor of Child and Adolescent Psychiatry at the University College, London, and Consultant to the North Essex Child and Family Consultation Service. You will hear from Miss A's mother, who is the witness to be called this morning, who will say that she and her husband had three children, Miss A being the eldest. All three children are very bright academically, the younger two doing very well, as indeed now, fortunately, is Miss A.

E At the material time, and indeed now, they lived in London where her husband worked and still works. They also have a home in S, where they spent many weekends and, indeed, the school holidays. Mrs A, after she had her first child, gave up work and devoted herself entirely to raising her children. Her husband worked in London very long hours and was often away from home.

F When Miss A was nine years old her parents became very concerned about her abnormal growth rate. In other words, she became extremely tall, and it was obvious by the age of nine that she was becoming abnormally tall, and they were furthermore very concerned about the effect that was having on Miss A and, indeed, would have on Miss A later on. It made her feel awkward and embarrassed and, indeed, caused taunting at school. Their general practitioner referred Miss A and the family to Professor X, a highly respected Professor of Endocrinology.

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A I am going to ask at this stage, if I may, for the bundle of documents to be distributed to the Committee because I am about to refer to the first document in that bundle. There are going to be two bundles, sir. One is the bundle of documents, the other is the bundle of literature, half of which will be referred to by Professor Zeitlin when he gives evidence. I am not going to ask for that second bundle to be distributed at this stage, merely the bundle of documentation. (Same handed)

B THE CHAIRMAN: The bundle of Committee documents will be C1.

MISS GLYNN: Sir, if I may explain the way this bundle has been put together, you will see that there are a number of tabs. The first tab is correspondence and we will be looking at that in a moment. The second tab contains relevant extracts from Dr Eastgate's notes of sessions with Miss A. The third tab contains nursing notes. The fourth tab contains some photocopies of message slips left for Dr Eastgate by those working for him and with him. Then the fifth tab contains material relating to Professor X and produced by him, and the sixth tab contains an extract from a letter of explanation dated 24 May 1999.

C
D The general practitioner, as I have said, referred the family to Professor X and you will find the letter of referral behind tab 5, which is the Professor X material, at page 1. You will see there that it is from the general practitioner and you will see that the general practitioner says:

“She [that is Miss A] came to see me for the first time in November as mother was worried about her height.”

He describes the height and I need not go into further detail there.

E Professor X saw Miss A on five occasions between 26 January 1993 and 29 August 1995. I will deal with the dates in more detail in a moment. Professor X will tell you that Miss A clearly had a growth problem. It was decided that the best course for Miss A was to bring on puberty early because there is only limited growth after puberty. A routine assessment of the stage of development of her breasts and pubic hair was undertaken, and that is known as Tanner Staging. If I could ask the Committee to turn to tab 5, page 14, you will find there a description of what Tanner Staging is.

F Could I ask if the defence have Professor X's material, because whatever the tab number is, it is in the Professor X material.

MR TURNER: I am sorry. We have been served with a bundle beforehand which seems to be different from the bundle that is now produced, I am afraid.

G THE CHAIRMAN: Can we make sure that you have got the document that is being referred to?

MR TURNER: I have certainly never seen bundle number two which my friend has mentioned in passing.

H

A MISS GLYNN: Sir, we can deal with that later. It is the literature bundle. Some of it will not be used in any event, but could I check that Mr Turner does have the Professor X material, whatever the tab number it has been given. In the bundle that he has just been given it will be tab 5.

MR TURNER: I have got it now, and indeed I have seen it before, albeit not in this bundle. I am not taken by surprise by it.

B MISS GLYNN: Thank you. It is page 14, which is a document setting out what Tanner Staging is, and you will see there that there are some photographs. If I could ask the Committee to look at the left-hand column, there is a heading towards the bottom, "Source of standards":

C "The details of the source data and of the construction of these standards are set forth in JM Tanner" - there are a number of other authors - "Archives of Disease in Childhood."

That is known as "Tanner Staging".

D You will see in the column on the right-hand of that page the criteria for breast development and pubic hair and various stages, depending on the development of both those things.

E Tanner Staging would have involved Professor X performing visual assessments of breast growth, in other words, requiring [Miss A] to undo her bra, and visual assessments of pubic hair growth; the pants to remain on, but the Professor would have looked at her pubic area. She was also weighed and measured. The reason I mention this is because it is relevant to the allegations that were made later on against Professor X.

F [Miss A] was prescribed a course of oestrogen in November 1993. At the November 1993 appointment, her development was checked again by looking at her breasts and her pubic hair. The examination, Professor X will tell you, required no touching of the patient except to measure the thickness of skin folds on the back. She was weighed and measured. At each subsequent consultation her development was monitored. At the last consultation, X-rays were taken that revealed the growing ends of the bones were fusing and, therefore, her height had stabilised, so the treatment had been successful.

G Professor X was concerned during the course of the treatment that [Miss A] should not put on too much weight. He said, or may have said, something to this effect at the last consultation in August 1995. It is worthy of note that at no time was [Miss A] on her own with Professor X. Her grandmother took her to one of the consultations and her mother, from whom you will be hearing, took her to all the others. Her grandmother, unfortunately, is now deceased.

H [Miss A]'s mother, Mrs A, will say that Professor X's bedside manner was not all that it could have been and that [Miss A], undoubtedly, did not like it. It has to be said that in relation to most of the medical professionals [Miss A] came across, she did not like them, but she specifically did not like Professor X. She had made rude

A remarks about him during the course of her treatment by him, which, as you will have noted, took place over a considerable period of time between January 1993 and August 1995.

To put this matter in date context, the allegations which this Committee is concerned began in July 1996; so her treatment with Professor X finishes in August 1995 and these matters are dated July 1996.

B Professor X's notes, as you can see, are at tab 5. On the first occasion, 26 January 1993, her parents were unable to accompany [Miss A] and so she attended with the maternal grandmother. If you turn to page 2 of tab 5, you will find Professor X's notes about this consultation in a letter to the general practitioner.

C You will see that Professor X says:

“She is showing signs of development of puberty (breast stage 3)”,

indicating he clearly assessed the breast stage, Tanner Staging,

“and this is appropriate for her bone age of 11.2 years, but she certainly has a lot of growth to come.”

D He predicts, in the second paragraph, that she may grow to about 6 foot with an upper confidence limit of 6 foot 3, which, of course, would be a source of concern for the parents of any girl.

Then he says in the next paragraph:

E “I think the sensible thing would be to hurry [Miss A]’s puberty forward.”

Then he says that he sent a copy of that letter to her parents.

There is a clinical note relating to this consultation at page 12 of the bundle. I will simply refer you to that so you know it is there. It does not take matters any further.

F On 9 March 1993, Professor X saw both her parents without [Miss A] being present to discuss the matter with them. If I could ask you to turn to page 3 of tab 5, there you will find the letter Professor X wrote to the general practitioner about this meeting. All agree that they should try to limit [Miss A]’s growth by commencing treatment with oestrogen. There is a clinical note relating to that meeting at tab 5, page 12.

G The next time Professor X saw [Miss A] was on 8 November 1993. He saw her with her mother. You will find the note relating to that at page 11 of tab 5. There is a letter to the general practitioner concerning this consultation at page 4. What is stated in that letter is that Professor X observed a considerable advance in puberty since he had seen her in January. So we are talking about a 10 or 11-month lapse in time during which there has been a considerable advance in puberty due, presumably, to the prescription of oestrogen.

H

A 10 May 1994 is the next consultation with [Miss A]. You will find the letter to the general practitioner at page 6 of the bundle. You will see there he says:

“I am glad to say that her bone age has advanced to 13.8 years, an increase of 2.6 years in 16 months, so we are doing well. I recommend that she continues on Marvelon.”

B That is the oestrogen prescription.

Then there is a letter to the school there - I will deal with the school in a moment - indicating that [Miss A] would be starting at that school in the September and giving notice to the school of the problem that there has been and the treatment that she has been receiving. This is a letter from Professor X to the school that she was due to start at.

C 16 December 1994, tab 5, page 8, there is a further letter from Professor X to the general practitioner describing the consultation on 16 December, stating that the treatment is succeeding very satisfactorily, he describes the position as being, and he advises that she continues with the Marvelon and that he sees her again in the summer holidays.

D Then, finally, 29 August 1995, tab 5, page 9, there is a further letter from Professor X to the general practitioner. He describes how her bones are beginning to fuse, and she has about one inch more to grow. He comments towards the end of that letter:

“Because of the tendency of tall girls to have polycystic ovaries, it is very important that [Miss A] does not become too heavy.”

E So there is a reference to her weight, which may well reflect something he said to her which she specifically did not like and felt very sensitive about. There is a clinical note relating to that consultation at page 13 of tab 5.

As you will have noticed from this documentation, during the course of this treatment by Professor X, specifically September 1994 when [Miss A] was 11, she started her education at a girls' boarding school in the West Country. A number of schools had been looked at in London and elsewhere, but this particular school was her choice. Her examination results were excellent and she made good friends there and seemed to be doing well.

F She started there in September 1994. By February 1996, in other words, about four months before the events this Committee is specifically concerned with, the school contacted her parents to say that they were concerned that [Miss A] had an eating disorder. She was now 12 years old. In fact, it was just before her 13th birthday, which was in March.

G Could I ask the Committee, please, now to turn to tab 1 of the bundle? You will see there tab 1, page 1, a letter dated 21 February 1996 from the headmistress of the school to [Miss A]'s parents. The second paragraph:

H

A “Miss A is obviously having a very difficult time at the moment. She and I talked for about an hour last night and she is very aware as she is finding it virtually impossible to make herself eat unless she is being supervised - and it is obviously unrealistic to have to live with a regime of supervised eating in the long term - that she needs to seek some expert advice to disentangle her from whatever is causing the problem. Having spoken to her, it is clear that she will find it easier to talk to a woman than a man, so I do hope that there is a good woman doctor in your practice and that she is able to refer [Miss A] on to a specialist who is a woman.”

There is further material in this letter. Perhaps the Committee could skim read through that, but may I just highlight the fact that in that third paragraph towards the end, the headmistress is saying:

C “I would guess that whatever the problem is, her difficulty with eating has been triggered by the tough time [Miss A] had in hospital last time and [Miss A] says that she would be happy for me to talk to any doctor she is going to see if that would be helpful.”

D Turning over the page to a letter of the following day, this time from the general practitioner in London, the family’s general practitioner, to a doctor named Dr Janet Treasure at Maudsley Hospital. You will see that the general practitioner sets out to Dr Treasure some of the background here.

He describes how it was agreed to bring on puberty because of the excessive growth problem; that that was satisfactory; various other medical problems. Then, towards the end of that second paragraph:

E “Because he”, that is Professor X, “felt that there was a tendency to develop polycystic ovaries he made the comment to [Miss A] at the time that she really should not become too heavy and [Miss A] was rather offended by this.”

So that reflects the evidence you are going to hear from [Miss A]’s mother shortly.

F Then in the next paragraph you will see a description of the school and what was happening at the school. In the middle of the paragraph:

“This term her eating habits have really become a problem such that she would have to go with a friend to the school sanatorium to eat in a supervised situation ... The headmistress ... felt that the time had come to seek expert advice ...”

G Dr Treasure is an expert in this sort of problem.

He was will see at the next page, page 3, a letter from her headed: “The Eating disorder Outpatient Unit” at the Maudsley, 1 March 1996. It indicates that [Miss A] had been to see Dr Treasure that day:

H “I understand that you are rather confused about what the problem is; on the one hand, you wonder whether it is simply dietary preference but on the other

A hand you are aware that the school are very concerned and have not been able to cope with her eating behaviour despite being very adept in helping other girls. I am aware that [Miss A] is already getting physical problems in that she is not able to play netball, she has some evidence of weakness and poor stamina and feels faint on standing. Her periods are also lighter which shows that her oestrogen levels are lower than they should be. Already her eating patterns are disrupting her education and obviously both the school and yourself are concerned. I think we should regard [Miss A] as being in the progerm of anorexia nervosa and it is very important that we all work actively together to stop a severe, chronic, disabling illness from getting a hold. I am very impressed with your care and concern and that you feel optimistic that you will be able to help [Miss A's] eating, and have been able to do so in the short-term.”

C Over the page, at page 4, is another letter dated 1 March from Dr Janet Treasure, this time to Miss A herself:

“You came to see me on Tuesday because your school was extremely concerned about you not eating and sent you home ...”

D There is a description of the symptoms that she had obviously described to Dr Treasure. In the penultimate paragraph she confirms that Miss A had stated that she enjoyed her present school and got on well with the headmistress and had friends,

“and apart from academic work you have been in the school netball team and follow an interest in music.”

E The last paragraph:

“Since being at home you have been able to be eating although your mother is not sure whether you are eating enough, but she feels confident that you will be able to eat more. On the other hand you state that you cannot eat at school. The school has tried options such as having you eat in the sanatorium with the Sister and a friend but you have not found that helpful. You are not able to think of any ways in which you could get more help. In conclusion, I think your school and parents are right to be concerned about your eating pattern which is very much that of anorexia nervosa. Unchecked this can be a very damaging and disabling long-term problem and so I think your parents and school are correct to take this very seriously. On the other hand you have some good resources: I have seen your sense of humour and your family are obviously caring and supportive. I hope that you will be able to look at the video that we have got on osteoporosis and to read the information book that I have given you.”

G On page 5 is a further letter from Dr Treasure of 27 March 1996, this time to a Dr Wendy Woodhouse at a hospital located quite close to the school, namely the same hospital at which Dr Eastgate worked, describing the problems with Miss A and the symptoms. She says in the second paragraph, three lines down:

H

A "I have been working on a principle of seeing [Miss A] on her own for a small part of the session and then seeing the mother and [Miss A], and on one occasion [Miss A] with both her parents for parental counselling. [Miss A] reveals very little to me and she is obviously very loyal and very wary of changes. She chips in quite readily when I speak to mother. Also, I have had lots of feedback from [the headmistress] at the school where [Miss A] confides that her difficulties are with her younger sister and with her mother who does not understand.

B
C
D There appears to be marked temperamental differences between the two sisters with [Miss A] being extremely conscientious, sensitive to other people's feelings and wanting to please whereas her sister can be stubborn and somewhat negativistic. This means that most of the mother's attention is taken up with the younger sister. My formulation is that this temperamental vulnerability of [Miss A's] in the context of additional stresses caused by her tallness and the healthy eating campaign at her school has led to her current difficulties. I have suggested to the parents that they try to meet regularly with [Miss A] so that they can spend time together discussing, for example, her visits to friends during the holidays. I have also encouraged mother to try and spend time with [Miss A] on her own. The school are quite happy to have [Miss A] back despite the fact that when she went back for two days at the end of term she became quite emotionally distressed on her birthday. I think that that was a combination of factors. Her mother reports that [Miss A] is eating well now and appears to be happy."

Turning over the page to page 6, on 16 April there is another letter from Dr Janet Treasure, this time to the general practitioner:

E "I saw [Miss A] and her mother in the clinic today. Her mother reports that the Easter holidays have gone very well and indeed [Miss A] looked healthy and fit although she was very negativistic with me, refusing to speak."

Here we have a development of the same problem that there had been with Professor X; she did not like Dr Treasure, as her mother will tell you.

F "It is difficult to predict what will happen when [Miss A] returns to school. Her headmistress ... has set up a tutor ... who knows [Miss A] well and to whom [Miss A] is able to talk ... I have warned Dr Woodhouse ---"

That is the doctor to whom she wrote a letter at the hospital close to the school.

G "--- and sent a referral letter to her at the Marlborough Children's Hospital. [Miss A] states that she would be willing to go there but I imagine Dr Woodhouse would want to see her with her family. [Miss A] is determined to go back to the school and indeed she has made contact with several of her friends, staying with some of them over the holiday and there appeared to be no overt problems there."

H On page 7 you will find a letter dated 25 April 1996 from Dr Treasure to Dr Woodhouse at Marlborough House, Princess Margaret Hospital. It reads:

A

“Dear Wendy

...

B

Just to fill you in since I last wrote, I reviewed [Miss A] last week at the end of her Easter holidays when [Miss A] was rather negativistic with me. I think I set this session off on a bad footing as I was delayed with a previous patient and because, when I had seen her on her own it had not been very productive, I saw her with her mother and brother throughout the session.”

Then there is reference to Miss A appearing to have become distressed at school, tearing her clothes and threatening self-harm.

C

“I encouraged the school to set limits on this type of behaviour and the parents are planning for [Miss A] to attend the school as a day pupil with mother living with grandmother next term. It appears that the family will need your help over the next term and I would be grateful if you could see them.”

D

The plan there was that, instead of Miss A boarding at school, her mother should move to the maternal grandmother’s house near the school and Miss A should become a day girl. You can see an endorsement at the top from Dr Woodhouse to Dr Eastgate:

“John – Received this on 8/5. Perhaps you have let JT [Janet Treasure] know you are involved and not myself.”

E

In other words, this case was being passed to Dr Eastgate at this stage and not Dr Woodhouse.

Mrs A will say that Miss A did not like Dr Treasure and was not prepared to work with her further at this point.

F

Dr Eastgate saw Miss A for the first time, it appears, on 27 April of 1996. You will see reference to that at page 8 of tab 1. It is a letter from Dr Eastgate to the headmistress of the school that Miss A was attending and it is copied to Miss A herself and Miss A’s parents and, indeed, the medical officer at the school concerned. It reads:

“As you know, I met Miss A on Saturday 27 April 1996, partly on her own, partly with [the tutor], and partly with her parents.”

G

The third paragraph:

“I do not feel that [Miss A]’s physical state gives rise for concern at present. I have suggested to [her] that I attempt to work with her to help her return to school and to look at those issues which appear to get in the way of her doing so.

H

A When I met [Miss A] I found her a pleasant and thoughtful person, who at times found it quite difficult to talk. This is hardly surprising in that she is only just thirteen years old, and has also had times when she has clearly been quite distressed over the last four to six months.

Then he makes reference to the fact that Miss A was keen to return to boarding school as soon as possible; she found it difficult to eat with her fellow pupils at present.

B Towards the end of the letter he refers to the fact that he has arranged to meet with her again on 1 May.

If I can ask you to turn to the next page, page 10, this is a letter from Dr Eastgate to Miss A's parents dated 14 May. It is apparent from that letter that by now he had met Miss A on three occasions, including that first occasion that was described in the letter we have just looked at.

C "I was of course asked to see [Miss A] because of eating difficulties, and whilst it is clear that [Miss A] has difficulty in eating at [the school], particularly in the main dining room, she does not have an eating disorder, nor am I worried about her physical well-being.

D Whilst Miss A is clearly not keen to see me, and finds it difficult to talk, at the same time I am grateful to [Miss A] for making increasing efforts to help me understand each time we meet. I find [Miss A] at times somewhat unhappy. It would be surprising if she was not, given the difficulties over the last five to six months.

My aim is to help [Miss A] return to boarding at [the school], and [Miss A] herself is clearly committed to this."

E He refers to making a further appointment.

At page 11 is a letter dated two days later, 16 May, from Dr Eastgate to the medical officer at the school. In the second paragraph, towards the middle, he refers to the fact that there had been concerns that Miss A may have anorexia nervosa and hence her referral to Dr Janet Treasure at The Maudsley and her temporary return home.

F "From discussion with [Miss A] I feel that her primary symptoms are of depression, and [Miss A] describes her not eating as being mainly an inability and a disinclination rather than any specific plan to achieve thinness."

Over the page, at the top:

G "The origins of [Miss A]'s difficulties appear somewhat complex, and she is a child who talks with much reluctance. Key issues appear to be a bereavement ---"

That is a reference, as you will see in the notes, to B, the elderly man who had worked for the family in the country, where they had a home, for many years, to whom it appears that Miss A was devoted.

H

A “--- with a failure to grieve, plus increasing distress in her relationship both with her mother and with her younger sister.”

That is another reference to the fact that the mother may at that time have been rather preoccupied with a very difficult younger sister.

B “[Miss A] continues to present with some significant symptoms of depression, including a slowing of thought processes, distractibility, tearfulness, and sleep disturbance.”

At page 13 Dr Eastgate is writing this time to Dr Janet Treasure. It is undated but it is clearly around the same time as the letter we have just been looking at because it says in the third paragraph:

C “As you will see from my enclosed letter to [the medical officer at the school] whilst clearly [Miss A’s] eating has been disordered, I feel the primary diagnosis is either of emotional disturbance of childhood or more specific depressive disorder.”

D There is a further letter dated 16 May at page 14, which of course is the same date as the one we have just looked at to the medical officer and is also to the medical officer. It is not entirely clear which was sent; indeed, perhaps both were. It reads:

“[Miss A] is gradually unfreezing in her sessions with me and I felt used this session particularly well. As she does so, I am increasingly concerned by the depth of [her] misery.”

E He goes on to say that he thinks that the diagnosis is depression rather than anorexia. He makes reference in the third paragraph to a feeling of increasing estrangement from her parents.

At page 16 is a letter of the same date, 16 May, to her parents. He indicates that he saw Miss A at the school the day before, 15 May. The third paragraph:

F “As [Miss A] relaxes it is clear that [she] does not have a significant eating disorder. Any eating difficulties that she has had seem most likely to be secondary to unhappiness ...”

G That is 16 May. If I could ask you to turn to tab 2, page 2, this is one of Dr Eastgate’s file notes with reference to Miss A. It is dated “End of May 1996”, so it is difficult to tell exactly when it is, but it would appear to represent the consultations that have been described in the letters we have just been looking at, because the next date we are going to look at is 4 June. At “End of May 1996”:

“[Miss A] rather quiet. We talked about her parents and my discussion with them, my discussion with [the tutor at the school], the three things [Miss A] likes – Tamsin ---“

H She appears to be a friend.

A “--- music, and school, and the three things [Miss A] does not like – Mother, [her younger sister], and home. I reviewed the things I felt had exacerbated [Miss A’s] difficulties, the things that I felt had preceded them, and concentrated on thinking about the death of B ---“

B That is the man to whom she was devoted, living in the country, who it seems had been in hospital and had died of cancer. Those who were aware of how fond Miss A was of him sought to protect her by not taking her to see him which, in retrospect, may have been a mistake.

C “... thinking about the death of B as being significant in bringing this misery about. [She] felt there were other things. We went on to talk about horses, and her father’s definite views, which conflicted with [Miss A’s], and led to her finding a horse which she had become very fond of being sold without her knowledge. Indeed the general theme seems to be that things happen to [Miss A] by discussion between her parents but not by discussion with [Miss A]. At the same time, [Miss A] seemed a little pre-occupied by Tamsin [her friend], and I suspect is rather more worried about her than she lets on. B’s wife has now moved away from the farm. B was a man who helped on the farm – he seemed to drive tractors, helped with fencing and things. It seems he was somebody whom [Miss A] liked, but it is still hard to understand the nature of this relationship.”

D Going back to the chronological sequence, 4 June, Dr Eastgate wrote to the medical officer at school. That is tab 1, page 17. Here is the first reference to the fact that she has been prescribed amitriptyline, an anti-depressant, 50 mg at night and will short increase this to 100 mg at night. Then there is paragraph 4 which reads:

E “As I understand it [Miss A’s] difficulties arise out of a failed mourning, although there are a number of factors which have exacerbated the difficulties.”

F Then 6 June there is a further letter on the next page, page 18. That is two days later, also to the medical officer at the school, indicating that Dr Eastgate had met Miss A after the half term break on 5 June. A further paragraph:

“I think [Miss A] is trying hard to use the sessions I offer her, but she remains a very unhappy girl to whom communication does not come easily. [She] remains keen that her parents should not be told of the depth of her unhappiness, but I am sure that they are well aware of this.

G I hope that it will be possible to help [Miss A] in school, although there are times when I wonder whether she would benefit from a brief inpatient treatment.

12 June, a file note, which you will find at tab 2, page 3. There is reference there to Miss A talking a little about her horse.

H “Said that there was something that was bothering her, and we moved into a prolonged discussion about whether or not she would be able to say this. In

A the end [she] said it was something I had said in the previous session about it being as if there was something sitting on her shoulder. I expressed my confusion as to whether it was that [Miss A] felt she had something like a chip on her shoulder or whether it was as I meant that it felt as if something were sitting on her shoulder stopping her talking. [She] suggested it was the latter. The only person who knows what is happening is Tamsin.”

B She went on to say that she had stop taking the amitriptyline about two weeks ago.

On 13 June, the next day, Miss A was admitted to the Princess Margaret Hospital as an emergency, having taken an overdose of approximately 300 mg of amitriptyline. You will find a letter at page 20 of tab 1 about this. It is a letter dated 17 June. It is to the medical officer of the school.

C “As you know [Miss A] was admitted to Princess Margaret Hospital as an emergency on the evening of Thursday, 13th June having taken an overdose of approximately 400mg of Amitriptyline.

D I met [her] the following day, and have now seen her on three occasions since admission. Clinically [she] is clearly quite profoundly depressed. She wishes she had died, and can see little point in attempting to recover. For these reasons I have suggested that she remain on Hannington Ward, and will attempt to transfer her to the Adolescent Unit at Princess Margaret Hospital as soon as possible. We are somewhat hampered at present by having no beds available, but may be able to offer some shared care with Hannington initially.”

E At the bottom of the page, the last paragraph:

F “[She] has been unhappy for around a year. She does not talk readily, and the first signs of her unhappiness were her refusal to eat, leading to concerns that she might be developing some form of Anorexia. She also had a hospital admission for acute abdominal pain which turned out to be constipation, and it seems likely retrospectively that both of these episodes were symptomatic of her depressive state. [She] shows overt symptoms at home, mainly having sleep disturbance, loss of interest, irritability and some degree of withdrawal. In school as well as these symptoms there are times when [she] becomes acutely miserable...”.

On that second page, the second paragraph down, you will see the last three lines:

G “The specialist concerned”

- and this is referring to Professor X –

“may have been a little unsympathetic to [Miss A’s] emotional needs during the course of this treatment, although this seems to be rather more a concern of [Mrs A] than [Miss A].”

H

A That reflects the fact that Miss A's mother was concerned by Professor X's bedside manner. In so far as Dr Eastgate was concerned, it was Miss A herself.

B "Significant life events which appear of relevance in the development of [[Miss A's] symptoms include the death of a close family friend in [the West Country] which was rather kept quiet from [Miss A], and led to her being perhaps particularly both unhappy and annoyed. Secondly the Headmistress of [the school] left, having built up quite a close relationship with [Miss A], and this has left [Miss A] also feeling quite a sense of loss. There are probably other factors of relevance in [Miss A]'s history, but at this stage it is hard to be clear what they are. Of immediate relevance is that since being admitted to Princess Margaret Hospital [Miss A] has heard that her maternal grandmother is to have surgery on Monday, 17th June for breast cancer, and this I think has added to her state of unhappiness at present. [Miss A] has been on Amitriptyline 100mg at night for approximately 3 weeks, but unfortunately discontinued the treatment for reasons to do with her depressed state. I have re-commenced this and increased the dose to 150mg per day. As I have said I am so concerned about the depth of [her] depression that I will arrange further support from the Adolescent Unit at Marlborough House..."

C
D 18 June, tab 2, page 4. It is a file note compiled by Dr Eastgate. In the first paragraph there is reference there to Miss A saying that she feels something is holding her back from talking:

"... she wishes she could talk, she wants to talk..."

The second paragraph:

E "Key issues remain the illness and death of B who was a very close friend, and, as best I can tell, this was an important and positive relationship..."

I highlight that simply because some of the allegations later refer to him – even to him, I should say.

F "... much complicated by the way in which news of B's illness and death were handled. Other issues concern not being involved in major decisions, and a rather poor relationship with her father."

G 20 June: would you go back to tab 1, page 23. There is a letter there from Dr Eastgate to the headmistress of the school, communicating that Miss A is now an inpatient of the Adolescent Unit at Marlborough House, and likely to stay there for some weeks.

"... I anticipate that [she] will be returning to school in September."

Tab 3, page 1, the nursing notes. You will see there, sir, dated 20 June, under the heading "Main issues" those same references again:

H "... non-existent relationship with mother and father. Mother more time for younger sister ... she's the one always in trouble"

A

- namely the younger sister.

“... nasty - makes horrible comments. Unhappy atmosphere at home – father never really been there.”

B

That may be important.

“Talked about B – Friend, like a father. Died last year of lung cancer. V. tearful on this occasion. No-one has ever been there for her. ... Says she has been happy [at school]. No friends at present. ‘I frighten them away’ ... Why the overdose – doesn’t know – can’t explain – if I could I would do it again – I did want to die. ... doesn’t want parents to change – they never will anyway. They think I’m silly ... they always think like that.”

C

26 June, those same nursing notes, same page, towards the bottom of the page.

“Very tearful. No explanations. Answering direct questioning. Difficult weekend. Parents visited Sunday – not very happy with meeting ... Not attending to hygiene ...”.

D

27 June, nursing notes, tab 3, page 3: there is a reference there to a prescription for Amitriptyline, 100 mg at night and 50 mg more in the morning.

1 July, which was another day, the nursing notes, tab 3, page 3 again. There is a reference there – the first overt reference that I can find in any event – to a superficially cut left wrist with blunt scissors. In other words, self-harming.

E

“... feeling very depressed following an unhappy weekend.”

The nursing notes there indicate that Dr Eastgate had spoken to Miss A. This is 1 July, but there is no file note about that.

The 4 July was a Thursday – nursing notes, tab 3, page 4. There is a reference there to talking about relationships with parents:

F

“... never been any good. Couldn’t wait to go to boarding school. ... Doesn’t know why she felt or still feels the way she does – wish she knew the answers.”

The 5 July, a Friday. Could I ask you, please, to turn back to tab 2, page 6. There is a file note about this. It appears that on this Friday she was due to go home for the week-end to her family. The note indicates that she was feeling suicidal and had made plans as to how she might harm herself.

G

“This led to serious concerns about her safety The situation was complicated by [Miss A] partially discontinuing Amitriptyline, and me totally discontinuing it. Amitriptyline re-started at 150 mg per day. Discussed with mother and maternal grandmother.”

H

A 6 July. Obviously she had not gone home. Dr Eastgate had a lengthy session, as he describes it, with her.

“[Miss A] still feeling quite suicidal but safer in hospital ... quite miserable and withdrawn – feels things always happen to her – that there must be something that makes them happen. Feeling that she talks to people and some how or other things go wrong e.g. B, [the headmistress of the school]. There was somebody else but she couldn’t tell me.”

B

Monday, 8 July – the same page. There was a session on that day with Miss A and Mrs A, her mother. It is described in these terms:

“Looked at the three sides of [Miss A] – the cheerful competent thirteen year old who looked after sixteen small boys with great confidence and skill, the stropy adolescent [Miss A] who is quite rude to her parents, and [Miss A] who is very depressed, withdrawn and suicidal. In the session at times [Miss A] quite forthcoming, and at times quite angry with mother. Unhappy when mother cried because she felt that is unhelpful, particularly as youngest brother ... came and told [Miss A] how much she was making Mummy cry. Miss A chose to sit on the floor, and again mother found this a little challenging. Family due go on a fortnight’s holiday from Friday 12th July 1996 – [Miss A] clearly not ready to go on holiday with family. Some discussion regarding alternative plans...”

C

D

May we pause here, because we are now at the date immediately before the first date identified with the heads of charge. The situation as revealed in these notes is clearly that Miss A was very unhappy. It was a very sensitive and difficult case. She was describing suicide ideation and, indeed, there was evidence of self-harm, so this was, if you like, a classic case for very careful handling by a consultant child and adolescent psychiatry. We submit that by this point it would have been obvious to Dr Eastgate that this was a case that required specific careful handling in compliance with the guidelines that existed at the time and were very well known at this time.

E

The Committee will be aware, no doubt, that the Cleveland Report was published in 1988 and that, as you will be told by the Professor Zeitlin, there were a number of other forms of guidance, including guidance produced by the General Medical Council, which we will look at later. This was a classic case, where such guidance should have been complied with to the letter.

F

The heads of charge: may I ask the Committee to turn to these now before we look more carefully at the specific subject matter? Heads of charge 3 and 4 relate to events which took place on 9 July 1996 and specifically they relate to events that took place during a session in the morning – that is head of charge 3 – and a session in the afternoon – that is head of charge 4. Head of charge 5 relates to failure to keep verbatim notes of interviews in circumstances where, due to what had been said on the morning of 9 July specifically, you will see that the first allegation relates to the afternoon session, what should have triggered the taking of verbatim notes was what was said during the morning session. That head of charge relates to the failure to do so from the morning on 9 July onwards – in other words, from the afternoon session, and then those other sessions identified there in head of charge 5. We say that

H

A because of what was said on the morning of the 9th, namely that there was a suspicion of abuse, as will see, by Professor X, keeping such notes was essential. Head of charge 6 relates to the causing of the report about this matter, we say precipitously, inappropriately and unprofessionally, and reporting this matter to the child support team or agencies, as you can see, without first having taken reasonable steps to verify their truth and, secondly, without first sharing the concerns with the parents.

B If I may move directly to head of charge 4, 9 July, you will find the file note at tab 2, page 7. No doubt the Committee will want to return to this on a number of occasions. It is worth taking this in some detail, if I may.

C “Again [Miss A] very withdrawn, not talking. I talked to [Miss A] about her Saturday discussion that it felt there were people who had let her down, people who she talked to or had made promises, who somehow or other had then gone away”.

So this is the reference to the headmistress and to B.

D “I talked to [Miss A] about the time she told me about the family ponies and difficulties she has had with her father’s different views regarding these animals. I talked about B and [the headmistress], and then reminded [Miss A] she said there were more people. [Miss A] very withdrawn and quite watery eyed at this stage.

E I asked [Miss A] how many other people – she said one. I asked whether adult or child, and after a lot of hesitation [Miss A] said adult – Male or female? And again a lot of hesitation before [Miss A] said male in a whisper – Was it family? – No it wasn’t – Was it somebody [Miss A] had known a long time? – No, it wasn’t. Was it somebody in T? – No – Was it somebody at [her junior school]? – No – Was it somebody at [boarding school]? – No – Was it somebody in London? – Silence.

F I suggested to [Miss A] that I guessed it sounded as if it was somebody in London. Given that it was neither family nor school, and it was clearly somebody else, I wondered if perhaps it was somebody medical, and [Miss A] agreed that it was. I asked whether it happened once or a number of occasions.”

That is worthy of highlight.

G “I asked whether it happened once or a number of occasions – [Miss A] said it happened on a number of occasions. I wondered which clinic, given that it was a male doctor. I am aware that [Miss A] has only seen one male doctor regularly and that is [Prof X]. [Miss A] agreed this was the case. I asked [Miss A] when she first saw [Prof X]. [Miss A] said when she was eight. I then asked [Miss A] when she first felt uncomfortable”,

and that I would also submit is worthy of highlight.

H

A "I then asked [Miss A] when she first felt uncomfortable and [Miss A] said
when she was nine. – This was her second appointment, she cannot remember
much about the first appointment. [Miss A] felt her parents wanted her to stop
growing, she was not so bothered. The appointment appeared to go OK. The
second time she went with maternal grandmother – [Miss A] declined to talk
B further about what happened but made it clear that she had a very unhappy
experience at this appointment. I suggested to [Miss A] that I see her again
shortly to talk about it further."

So there is the seed from which we submit the other allegations made by Miss A
started to grow.

C THE CHAIRMAN: I wonder whether it might be good to have a pause before you
finish your submissions.

MISS GLYNN: Certainly sir, yes.

THE CHAIRMAN: I sense the Committee is looking for a break.

MISS GLYNN: I am sorry about that, sir. It has been an arduous morning.

D THE CHAIRMAN: No, you have been very thorough and very logical and the
Committee is grateful, but we have got time. We realise that you will want to have
time with your witness and we can factor that in as the morning develops.

MISS GLYNN: That can be done now, sir. There is no problem with that. The
witness can be brought into the chamber.

E THE CHAIRMAN: We will take a break now and start again at twenty-five past.

MISS GLYNN: Thank you, sir.

(The Committee adjourned for a short time)

F MISS GLYNN: Sir, may I begin by saying that when I have referred to amitriptyline
I think I have been referring to micrograms instead of milligrams. I am sorry about
that. For the shorthand record it is milligrams.

G Sir, shortly before the adjournment we had looked at the note for the morning of
9 July. You will have identified by the passages I have asked you to highlight that the
Council's case is that there are real problems here with both leading questions and
lack of spontaneity in disclosure by Miss A. Could I ask you now to move, please, to
the afternoon session, which you will find behind tab 2 at page 8. If you could look at
page 7 first of all, and look at the length of that note and the sort of detail that is in it,
there, of course, there is, as I described before the adjournment, the seed of an
allegation with the problems that I have described with it.

H When you turn over the page to the afternoon session the very first observation you
may make, sir, is about its length. The entire session is described in under six lines –
five lines and a few words. This is a session in which there has been a suggestion of

A something, certainly so far as Dr Eastgate was concerned, and Dr Eastgate chose to conduct a session in the afternoon which was recorded in a total of five lines and three words. These five lines and three words read:

B “In this session [Miss A] moved on to talk about how at 9 her breasts were stroked by [Professor X], and he touched her in other intimate places. This felt uncomfortable and wrong, but she didn’t know what doctors were supposed to do. She felt she was probably responsible for what had happened. She was surprised when I suggested that”,

and perhaps the word “not” has been left out here,

C “...when I suggested that [not] only did it sound wrong to me but I was worried that he may have done it to other children as well.”

This note is the source of the criticism set out in Head of Charge 4 and, indeed, 5(a), relating to the absence of a verbatim note.

D Professor Zeitlin will say, first of all, that there is no information or indication that the information came spontaneously from Miss A. The information does not identify any corroborative evidence for sexual abuse, in other words, physical evidence or specific behavioural evidence, that would give a reasonable probability that abuse had occurred. Professor Zeitlin will tell you that in his view the idea for abuse was introduced to Miss A prior to any spontaneous indication from her. He will say to you that if Dr Eastgate had thought that abuse was a possible explanation for Miss A’s behaviour and statements, he should initially have been very careful not to indicate that view to the patient. He should have encouraged her to tell more of what had happened and been extremely careful not to ask any leading questions. Of course, E perhaps it goes without saying, that it was important in these circumstances to keep a verbatim record of what she said.

F Professor Zeitlin is extremely critical of these interviews, the use of leading questions and the transmission of information. He states that it was wholly inappropriate that Dr Eastgate should say that Professor X had acted inappropriately and that he may have done it to other children as well. That would have been against standard teaching at the time in the light of the Cleveland Inquiry and, indeed, other inquiries during the preceding ten years. There had been considerable discussion of the appropriate methods of facilitating children to make disclosures of abuse and it is clear that at no time should there be the transmission of an opinion by the professional involved.

G He will go on to say that there should have been special caution exercised in this case, taking into account Miss A’s character and mental state at the time, by which he means that she was wilful, in his view from the records, she clearly had low self-esteem, she was angry with the image of her described by her parents and Professor X, and she had become deeply depressed. For those reasons, special caution should have been deployed.

H The record for 10 July is on page 8 of tab 2. You will see there that Miss A is described as follows:

A

“[Miss A] talked a little bit more about how scared she felt, and how on one occasion her grandmother had left leaving just her and [Professor X] together. She spent some time talking about what might happen, and I described Child Protection Procedures, but at the same time also was assuring [Miss A] that at this stage I would not talk to anyone without her knowledge at least.”

B

There is another session on 10 July:

“[Miss A] rather more forthcoming. She described an occasion when he pulled her bra down, when she was just 10, and again stroked her breasts. On that occasion he also touched her in her lower body, but did not remove her underpants. On another occasion he did. [Miss A] was quite distressed in describing this, and felt this was as far as she could go.”

C

Prior to this appointment [Miss A] had swallowed perhaps 20 Microgynon 30 tablets. I discussed this with...the paediatrician, and we both agreed that it was unlikely that this would have a significant impact on her.”

Both those matters are the subject matter of Head of Charge 5(b) and (c). In other words, failure to make a verbatim record of what was said.

D

For 11 July the note is at the bottom of page 8, again a very short note. It is 9.30 in the morning.

“Brief session with [Miss A]. [Miss A] saying very clearly she just wants to give up. Feels very very miserable. Still thinking about the abuse”.

E

I would ask you to highlight that because we submit that is important, “the abuse”.

“Thinking mostly about ‘the way that creep kept looking at me.’ How does it make [Miss A] feel, ‘dirty’ with ‘you won’t laugh’. [Miss A] repeatedly returned her main theme ‘I just want to give up, I’m not getting anywhere, there’s no point’. I plan to encourage [Miss A] to keep going, and think further about talking about these issues.”

F

That is the subject matter of Head of Charge 5(d), failure to make a verbatim record.

Whilst we are focused on 11 July could I ask you to turn to tab 3, please, for the nursing notes, page 7. You will see in that nursing note, about six or seven lines down:

G

“...concerning her discussions with Dr Eastgate re the abuse from a Medic.”

So again, by this time it would appear that the concept of her having been abused by a medic had been ingrained in her mind. If it was not in her mind, it was certainly in Dr Eastgate’s mind and, indeed, the person who made this record. So the climate by 11 July was that this child had been abused and we submit that must have been transmitted to Miss A and would have had an impact, which will be described by

H

Professor Zeitlin when he gives evidence. What Professor Zeitlin will say is that this

A would have had a powerful influence to maintain a belief that it had occurred, whether or not it had.

On 12 July, the Friday, you will see this is referred to in the nursing notes at page 8.

B “[Miss A] saw Dr Eastgate again today. In the meeting they discussed [Miss A’s] disclosure of abuse by an eminent medic and how Dr Eastgate had a duty to report this to the police and social services.”

Although Dr Eastgate appears to have seen Miss A on that day, there does not appear to be a file note for it.

C If I may pause here, on 9 July there were two interviews, morning and afternoon. 12 July is the day that Dr Eastgate decides to cause the report of this matter to be made to the Child Protection Agencies. So just three days after, and that has to be looked at in the context of the sort of detailed notes that he had taken between the 9th and the 12th, which we say were wholly inadequate.

We move on now to Head of Charge 6, that he caused to be reported the allegations made by Miss A in relation to Professor X to the Child Protection Team:

D “(i) without first having taken reasonable steps to verify their truth or otherwise,

(ii) without first sharing your concerns with the parents of Miss A”,

and that his conduct in this regard was inappropriate and unprofessional.

E Professor Zeitlin will describe to you how it was wholly inappropriate to have done this without having a reasonable belief that there had indeed been abuse, that there were dangers associated with doing this, and secondly, that it should have been discussed with the parents first. Of course, Mrs A had been present throughout most of the sessions with Professor X and, indeed, may have had something interesting to say about how Miss A and Professor X had got along and, indeed, how Professor X had behaved towards Miss A. In other words, the points that she will make about his apparent lack of bedside manner with a young girl.

F Mrs A will say, when she gives evidence to you, that she saw Dr Eastgate and Miss A on this day, 12 July, and she was told what Miss A had said about Professor X, but this was after Dr Eastgate had caused the report to be made. She was not consulted about it. She was told about it after it had happened. Dr Eastgate told her that what Professor X had done – had done – was inappropriate and incorrect and that he had informed the police and social services. Mrs A will say that she was astonished as she, or her mother on one occasion, had been present on every occasion that Professor X had examined Miss A and she was certain that she would have known if anything untoward had happened.

G In tab 4, where you find the telephone messages, at page 9, you will find, dated 12 July, a message for Dr Eastgate. It seems there had been telephone calls from a police officer “re a little girl”, it says, and whoever took this message has written, “Told you

H

A at”, it looks like, “2.00”, something, 2.00 in the afternoon. It may be 2.40 because the time of the message is 2.30.

Then at page 10 there is a message from Dave Evans of the Social Services ringing at 11.30 am - I am sorry, I have taken this slightly out of time sequence, but that morning - to Dr Eastgate to say that he has phoned the police. The sequence appears to be that there is a contact made with the Social Services in the morning, and there is
B a message from Dave Evans of the Social Services at 11.30 am to Dr Eastgate.

MR TURNER: I think it is on the right ---

MISS GLYNN: There is 11.30, top left, “Told you 2.40”. Whatever the time is, sir, the point here is that the contact was made before Mrs A was told about it.

C On 15 July, which was a Monday - this is the subject matter of one of the failures to take verbatim notes, head 5(e), tab 2, page 9 - there is a reference there to a session with Miss A and her mother on the Friday, in other words, 12 July,

“... when [Miss A] and mother together heard of my concerns regarding [Miss A] and the involvement of the police. I mentioned to [Miss A] the telephone call with her father on Sunday 14 July, and how her father was particularly
D keen that the police should not be involved.

[Miss A] made it clear that there were other things regarding her time with this paediatrician that she had not discussed. Not clear what those are.”

It seems, although there is no file note for 12 July, there was a meeting on 15 July with the police. Tab 2, page 10:

“I had met with [Miss A] on Monday 15 July before the police meeting, and briefly on the 16th to discuss the outcome of the meeting. It was clear at this second meeting that although [Miss A] was reasonably comfortable about the outcome of this meeting, i.e. that there would be no immediate direct contact with her but that the police would contact her parents for more clarification and background information ...”

F There is reference to her quite clearly self-harming and looking greatly distressed.

There is a reference in the middle of that page to issues that she wanted to discuss, but she was also finding it very difficult, went to her room to get a piece of paper, which is now in the file.

G “Again much of the theme is about issues being her responsibility and a belief that she should have been responsible for stopping any abuse that occurred.”

There is reference there to

“... rather more to the abuse than she has described and that it is possible in other relationships with men she has felt uncomfortable, although again I have no specific information regarding this.”

H

A

Tuesday, 16 July, we are now on to a period, sir, when we are concerned, so far as this case is concerned, with the failures to make verbatim notes rather than facts specifically underlying what was happening at this time. Head of charge 5(f), tab 2, page 10. 16 July, there is reference there to the fact that Dr Eastgate recognised that

B

“it is important that all discussions whether with nursing staff or other clinical staff, are written down as nearly verbatim as possible, and that no leading questions are used in trying to elicit information.”

C

You will find that at the bottom of the page, page 10. Dr Eastgate recognised that, but yet failed to implement it himself, we submit. It was obvious that those matters were important from the morning of 9 July onwards, and yet we say, in spite of Dr Eastgate showing here in this note of 16 July how important this was, he failed to act on it himself.

19 July, this is head of charge 5(g), tab 1, page 24, you will see that this particular head of charge reads: “On or about 19 July” in relation to failure to make verbatim notes. That is because the only information we have about this day comes from this letter from Dr Eastgate to Mel Smith, one of the nurses:

D

“I had a very difficult last session with [Miss A].

Firstly I am concerned she remains quite suicidal, and I fear that if she were to go home she may use this as an opportunity for further self-harm.”

Then he goes on in the second paragraph:

E

“Secondly [Miss A] told me this process of her going to see Professor X started when her parents looked at her and said, ‘[A], you are getting too big at the age of eight, you need to see someone to stop you growing’. This left [Miss A] feeling quite hurt, partly because [Miss A] says her father also felt her at the same time and she found this humiliating and degrading.

F

I do not think this is yet a Child Protection issue and [Miss A] is certainly keen that it is kept very confidential.”

Sir, it is not at all clear what this means, “he felt her at the same time as saying, ‘You are growing too big’.” That is the content of the letter. What is significant, we say, is that there is no verbatim file note about this, which we submit is quite extraordinary in the circumstances as they were unfolding.

G

22 July, tab 1, page 25, there is a letter there to Mrs A from Dr Eastgate. He was about to go on leave.

“[Miss A] remains not surprisingly a very unhappy girl, and as with so many young people who have been abused ...”

H

A I ask you to underline that because we submit that shows the mindset of Dr Eastgate at this stage, which we say in all the circumstances should have been reflecting a great deal more caution.

“... still feels very responsible and guilty, despite the clear illogicality of this view.

B I do hope that we ... can help her move the anger away from herself and help her be more angry with both circumstances and individuals who do not treat her with appropriate respect.”

C Sir, this case is concerned not with whether [Miss A] was abused by anyone, as I said at the outset. It is about the very serious errors in methodology which we say took place during this period of July 1996 in a professional context in which the correct handling of such a situation by somebody who is an expert in it, as a consultant child and adolescent psychiatrist, is of fundamental importance.

D There have been, unfortunately, numerous cases where patients and families, who are profoundly vulnerable in situations such as this, have been caused untold misery by the application of incorrect methodology. Fortunately, empirically over the years, we have learned a great deal about how to handle these situations. Indeed, the situation that evolved in 1996 was not novel. It was a matter that had been looked at, this type of situation, for a number of years, as I say, since Cleveland in 1988.

E The chief dangers, we submit, of mishandling this situation are, firstly, if a sick, disturbed child who has made a wholly equivocal allegation immediately has what she has said interpreted by a professional as sexual abuse without proper inquiry, she will feel that she is an abused child, that she has been abused.

Further, it will be very difficult for her to contradict the view that the psychiatrist appears to be imparting to her in the circumstances, and there is a real risk that it may provoke further false allegations. That is one aspect of the dangers of mishandling this situation.

F Secondly, for the child herself, she will take on the role of an abused person.

Thirdly, if genuinely she has been abused, it becomes very much more difficult to prove it because the way in which this situation was handled muddied the water thereafter. The notes are such that it is impossible to tell whether the statements were made spontaneously or not.

G Professor Zeitlin would say that the influence on [Miss A] to agree to an allegation that she had been abused by Professor X would have had a long-standing effect on this very emotionally disturbed and very vulnerable girl, and it would have coloured all that came thereafter.

H I am going to ask, in fact, in spite of what I said earlier, sir, for the literature bundle to be distributed to you now. I am not going to take you through it in any detail. There are simply three short passages that I would like to refer you to, if I may, now.
(Bundle C2 distributed to the Committee)

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THE CHAIRMAN: This is C2 described as the "Literature bundle".

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MISS GLYNN: The Committee may ask itself, what are the circumstances in which it would be correct to contact the Child Protection Agencies where a child is saying something that may amount to sexual abuse? The guidance provided by a number of different sources is perhaps a common sense matter, but all the guidance indicates that such a report should be made, or caused to be made, where there is a belief - I emphasise - that abuse has taken place.

C

Of course, we submit this means a reasonable belief, a belief that is reasonable in all the circumstances. To take, perhaps, a frivolous example, somebody who is very disturbed and sick might say that they are the Queen. Of course, you would not take any action about that because you would know perfectly well that was not a reasonable belief. There has to be some kind of reasonableness behind your belief that somebody has been abused, we submit.

D

Could I ask you to look at the literature bundle, tab 6, please, where you will find very early guidance contained at this early stage in 1987 in an annual report of the General Medical Council? You will see 1987, a number of pages have been produced. In fact, it was published in March 1988. Could I ask you to turn to page 15? At page 15 there is an italicized heading "Professional confidence: cases of child abuse". Towards the bottom of that paragraph, six or seven lines up, you will find the following:

E

"On the recommendation of the Standards Committee the Council in November 1987 expressed the view that if a doctor has reason for believing that a child is being physically or sexually abused, not only is it permissible for the doctor to disclose information to a third party, but it is a duty of the doctor to do so."

F

If you turn to tab 5, you will find guidance to doctors issued by the General Medical Council dated October 1995, so shortly before these allegations arose. I would ask you, please, to turn to paragraph 11. It is page 6, paragraph 11:

"If you believe a patient to be a victim of neglect or physical or sexual abuse, and unable to give or withhold consent to disclosure, you should usually give information to an appropriate responsible person or statutory agency, in order to prevent further harm to the patient."

G

Then at tab 7, you will find extracts from the Wiltshire County Council guidelines, which were in existence at the material time. Of course, these have been inserted because they were the guidelines that would have been appropriate for Dr Eastgate to follow, given that the hospital he was working in was in Wiltshire. I ask you, please, to turn to the third page which is headed: "Section 5: Health Procedures and Guidance". Paragraph 5.1.8, the third page of that document:

H

"General Medical Council guidance states that the belief that a child has been the victim of abuse or neglect will usually require a doctor to disclose the information to an appropriate person or authority. A decision to communicate

A such knowledge, therefore, rests with the doctor who should be prepared to justify his or her professional decision, not only to his or her peers either locally, on the GMC, or ultimately to the Courts. However, on the assumption that such referrals have been based upon sound clinical evaluation and judgment, then the doctor would not be blamed for acting in good faith and in the best interests of the child.”

B This is a case in which there is a significant alternative explanation for [Miss A]’s suggestion of touching or stroking her breast, namely, Tanner Staging, which has either been genuinely misinterpreted or deliberately misinterpreted due to her dislike of Professor X, or perhaps there was misremembering or unintentional misinterpretation of what it was that made her feel uncomfortable.

C A common sense evaluation of what this child was saying in her distressed and damaged state would have indicated that further inquiries were essential before any action such as contacting Social Services was made.

D There was no immediate danger to the child, so speed of action was not paramount. Therefore, Professor Zeitlin says that the reporting on 12 July without taking further steps to seek corroboration was precipitate and unacceptable practice. There was no reason whatsoever not to share concerns with the parents in these situations and, in fact, there would have been good reason in the circumstances to do so. It is unacceptable not to have done. At the back of the Committee bundle C1 you will find a letter of explanation. You will see that it has been truncated because it deals with other matters that are not relevant to this Committee. May I say by way of subsequent explanation, as I stated at the outset, that shortly after these events further allegations were made by Miss A against B, against another family member and against Miss A’s father. Dr Eastgate has set out in this document what he says occurred in relation to the allegations against Professor X, which, of course, predated the other allegations. Of course, the Committee will have time to read the document in detail, but perhaps I could simply refer to the paragraph beginning “During the sessions on 9 and 10 July” in the middle of the second page.

F “Dr Eastgate says that he was well aware that Miss A disliked Professor X. He was also aware that either [Miss A’s] mother or grandmother were present at virtually all times when [Miss A] was examined by [Professor X] and [Miss A] acknowledged this in making her allegations to him. During these sessions, Dr Eastgate took all reasonable steps to verify the truth of the allegations. He specifically listened for specificity and congruity and looked for appropriate emotional response. All these were present. For example, [Miss A] was able to describe in detail the layout of [Professor X’s] room and how it was possible for [Professor X] to examine her without either mother or grandmother in direct vision. [Miss A] described that [Professor X’s] room was set up such that the examination couch was behind the chair in which [Miss A’s] mother or grandmother would sit and this chair was facing [Professor X’s] desk. Dr Eastgate understands that [Miss A’s] description of [Professor X’s] room has never been verified.”

H

A He goes on to say that he was aware of the GMC guidance in force at the time. He was involved in drafting the guidance for the Wiltshire Social Services that we have just looked at. He says:

B “Regrettably, [Miss A’s] description of the improper examination was not entirely consistent with a Tanner staging examination. We understand that Tanner staging is an observational paediatric examination dealing with the development and progression of puberty. [Her] description of stroking and touching ... is of course not consistent with a proper multi-disciplinary examination.

C A discussion of the Child Protection Team was held on Monday 15 July 1996 which concluded there would be no immediate contact with [Miss A], but that the Police would contact [Miss A’s] parents for more clarification ...

Dr Eastgate is quite sure that he was carefully following established child protection procedure in involving the Child Protection Team given that allegations of child abuse were suspected. It is not the role of the admitting psychiatrist to also become the investigating officer and we would submit that Dr Eastgate acted properly in involving other agencies.”

D We endorse entirely the fact that it was not his job to become the investigating officer. That is not the point, we submit. The point is that it was precipitate to have contacted them in the way that he did, having not made any logical, common-sense evaluation of what Miss A had said and the alternative explanations for it.

E Sir, those are the facts. I should now like, if I may, to call my first witness, who is Miss A’s mother.

MRS A, Sworn

F THE CHAIRMAN: We shall be referring to you as Miss A’s mother, for reasons which you understand. I should like to say, on behalf of the Committee, that they are very grateful to you for coming to help them establish the facts. They realise that this chamber is rather intimidating. It is not meant to be; it is just the forum we have. We shall keep everything as simple and quick as it can be.

G There are lawyers you recognise to your right. The doctor and his legal team are on your left. The Committee are at this end of the room, together with their Legal Assessor, whose job it is to advise on matters of law. The Committee is partly made up of doctors and partly of members of the public who are not doctors. It is for us to determine the facts on the evidence that we hear.

[Mrs A then questioned by Miss Glynn, Mr Turner and the Committee.]

H THE CHAIRMAN: If there are no other questions from the Committee or from either counsel, that concludes your evidence, Mrs A. Thank you very much for being so patient with a very long examination. You are now discharged and free to go.

(The witness withdrew)

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THE CHAIRMAN: That, I think, brings us to the end of today's hearing.

MISS GLYNN: Sir, it does, yes.

THE CHAIRMAN: We will continue at 9.30 tomorrow morning. Can I just mention that on Wednesday we need to finish at four o'clock, just to give advance notice.

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Thank you very much indeed.

(The Committee adjourned until 9.30 am on Tuesday 2 September 2003)

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