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Open letter to the General Medical Council

PERSONAL VIEW **R Wheatley**

Dear Professor Catto
I am writing to you as a designated doctor for child protection. As part of my responsibilities I am required to offer advice and guidance to doctors within my area about child protection matters. Unfortunately, in the light of the recent verdict against Professor David Southall, I feel I cannot fulfil that role responsibly; to do so would put both my and their registration at peril. We urgently need guidance.

I have struggled through the available transcripts of the 33 day hearing which culminated in this judgment. The judgment found that David Southall had inappropriately accused a mother of murdering her 10 year old child. Much of the case hinges on a complaint made by a Mrs "M." As you are doubtless aware, there have been many such complaints made over the years against Dr Southall, almost all of which are linked to an energetic and committed, but deeply misguided campaign largely run by Penny Mellor. It is perhaps worth noting the commentary on her activities given by Mr Justice Whitburn, in sentencing her to two years imprisonment for her part in the abduction of a child: "Impervious to debate, convinced that you are right, you have traduced, complained about and harried dedicated professional people working in this difficult area. ... What is unforgivable is the way in which you manipulated for your own, as I find, purposes, the genuine distress of the [XXXX] family." The complainant in this case claimed minimal involvement with Mrs Mellor, though Mrs Mellor had contacted her.

It is also unsurprising that the complaints—along with Mrs Mellor's obsessional interest—started around Professor Southall's groundbreaking work using the technique of covert video surveillance. Using this technique, Professor Southall demonstrated beyond any possible doubt a very uncomfortable truth: that apparently normal, "loving" parents could and did inflict the most horrific and life threatening abuse on their helpless infants when they thought they

were not being observed. To many, including many doctors and sadly even paediatricians, the emotional impact of this truth has been so great that they have retreated into a variety of forms of denial. It is, however, significant that, to my knowledge, not a single one of Professor Southall's detractors has yet given any cogent explanation of how he or she would have dealt differently with these extremely difficult cases and still protected the lives of the children involved. Notably, one such detractor, Professor David (*Lancet* 1994;344:133), was the only expert witness called by the GMC in both this hearing and in the previous hearing, in which the GMC reviewed David Southall's involvement in

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the Sally Clark case. He can hardly be claimed to be suitable as the only expert used at the hearing in the circumstances. So incensed were Mrs Mellor and her associates, however, that over the years their campaign has grown to encompass almost every aspect of David Southall's professional career. No stone has been left unturned, and his career has been examined in a detail that few doctors' practices have ever been before. As a result of complaints generated by Mrs Mellor and her group, he has been subjected to at least 20 inquiries into his conduct and practice, including one into this very complaint, by a panel far better qualified and more competent than your own on child protection issues. North Staffordshire NHS Trust issued a statement saying there was no case to answer on any of the complaints. Your organisation is the only one to have found any serious deficiencies in his practice or conduct.

Which brings me back to your hearing. Fundamentally, Mrs M's complaint relates to events in a closed room in a Stoke-on-Trent hospital in 1998. There were three people in this room: Mrs M, Professor Southall, and Francine Salem, a senior social worker. Ms

Salem made handwritten notes at the time which were clearly quite comprehensive, and which Mrs M accepted at the hearing as an accurate account of the meeting. These notes, and her sworn evidence given over three days at your hearing, clearly show Professor Southall acting entirely appropriately and professionally. But Mrs M claimed an almost diametrically opposing scenario, despite accepting that Ms Salem's notes were accurate.

This leaves me, and the doctors I must advise, in an impossible position. If faced with a situation of possible child abuse, we could ignore it, contrary to all morality, good practice, government, and even your own guidance. This would obviously be wrong, but the evidence suggests that we are unlikely seriously to be sanctioned by your body for such dereliction of duty. Or we could, following good practice guidelines, raise our concerns with the child's parents. Last week's ruling, however, shows that even having the best of witnesses will not protect us against increasingly probable complaints. The message your body has sent out is loud and clear: challenge parents at your peril, you will have no conceivable defence.

But sadly it does not end with such dramatic undermining of good practice. From April next year, the government expects us to take part in a review of all children's deaths. Reviewing the death of a child was what Professor Southall was doing here. It is clear that this important piece of government policy cannot operate while the GMC regulates any part of it. If uncorrected, the inevitable consequence of the incompetence of your Fitness to Practice Panel is that regulation of all "Safeguarding Children" matters must be withdrawn from you.

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Competing interests: RW worked alongside David Southall's department in Stoke-on-Trent for about one month, as a registrar in paediatrics, and has been involved in research projects run by him.