

## Paediatrician David Southall is allowed to call more witnesses in his defence

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BMJ

The paediatrician David Southall has successfully fought off an attempt at the UK General Medical Council—described by his counsel as “unprecedented”—to stop him calling new witnesses about the circumstances surrounding the events that gave rise to charges against him.

Richard Tyson, counsel for two mothers whose children were treated by Dr Southall, argued that the witnesses (other paediatricians who were involved in the cases) should not be called to give factual evidence because findings of fact had already been made. Dr Southall’s counsel, Mary O’Rourke QC, maintained that their evidence would be relevant to deciding whether his behaviour reached the threshold of serious professional misconduct.

The long running case began at the GMC in November 2006 but has been repeatedly adjourned because of illness and legal challenges by Dr Southall, an expert on fabricated or induced illness. The first stage, the findings of fact, was reached in 2007, when Dr Southall was found guilty of keeping separate case files on two children that were insufficiently “signposted” for hospital staff to access and of sending a copy of a letter outlining child protection concerns to an unnamed paediatrician at the local hospital of one of the two children, even the child was not being treated there, and without the parents’ consent.

Since the case began, the two medical members of the panel have had to drop out, and unusually the hearing went ahead with a new medical member who was substituted after the findings of fact were made.

The panel rejected Mr Tyson’s argument that Dr Southall should be barred from calling the paediatricians Robert Dinwiddie and Karen Horridge and that he should be allowed to call only testimonial evidence from Martin Samuels, a consultant

paediatrician who worked with Dr Southall at the Royal Brompton Hospital in London and then at the University Hospital of North Staffordshire in Stoke on Trent. The panel held that GMC rules allowed Dr Southall’s counsel to call the witnesses, although their evidence could not go beyond the findings of fact already reached.

Dr Samuels told the panel that he himself had written a clinical note kept on the special case file for one of the children, Child H, and that he believed that the clinical issues in the note were covered in a letter that had gone to Dr Dinwiddie, the referring doctor, a consultant respiratory physician at Great Ormond Street Hospital for Children in London.

Other information in the special case files was recordings of basic data about a child’s breathing and respiratory problems kept for future review and research purposes, he said. These were created for every child undergoing a sleep study and were filled in by undergraduate students working as physiology technicians. “There was no intention that these were ever for clinical purposes.”

In his testimonial evidence Dr Samuels said that Dr Southall’s dedication to clinical work was “way above what most people would do—way, way, way above. He would always take great efforts to ensure that the best needs of the child were met . . . I really cannot think of anyone else who has ever committed time, energy, and effort in such an extraordinary way”.

The panel’s decisions on whether Dr Southall was guilty of serious professional misconduct and, if so, what sanction should be imposed are expected by the end of this week.

Cite this as: *BMJ* 2011;343:d6012

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