

*National Office of Clinical Audit National Conference 2018,  
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# Letting the Light In: The Value of Public Reporting and Transparency

Susan Mitchell

Health Editor, The Sunday Business Post

# 18 The Sunday Interview

The Sunday Business Post  
September 11, 2016

# “I was called arrogant. I was described as a butcher. They said my sanction was too mild”

How a surgeon from Monaghan took on the Medical Council, won over the Supreme Court, and ended up in Bahrain



**Susan Mitchell**  
Health Editor

In 2007, a Vietnamese newspaper ran an article about one of Ireland's top paediatric and neonatal surgeons under the headline Martin Corbally, a Doctor With a Kind Heart.

The newspaper described how Corbally and some of his surgical colleagues from Our Lady's Children's Hospital Crumlin had repeatedly travelled to Vietnam to carry out procedures that had been "too difficult for local doctors". They used their holiday time to carry out the humanitarian work and sponsored some of the disadvantaged children themselves.

It was a glowing tribute. A few short years later, Corbally was receiving media coverage of a very different kind.

"I was called arrogant. I was described as a butcher. It was said that the sanction I received was too mild, and that I shouldn't be let away with a rap on the



**Martin Corbally**

COLLINS

### CV: Martin Corbally

**Role:** paediatric surgeon  
**Age:** 61  
**Lives:** Bahrain  
**Family:** married with four children

an enormous personal toll. "It is the most isolating experience you can ever imagine - especially when you have no case to answer," says Corbally. "It was also extremely stressful. Sometimes I felt I was in a criminal trial." He left Ireland and now works in Bahrain, where he is chief of staff and consultant paediatric surgeon at King Hamad University Hospital. He also teaches medical students as the professor and

Council and by my experience I don't feel the need to come home and I've taken myself off the [medical] register in Ireland," Corbally said. He felt the environment was toxic and had condoned his "public flogging". The loss of a surgeon with his expertise has taken its own toll on the Irish health service. When working at Crumlin, Corbally carried out complex liver, kidney, lung

of limited functionality, leaving him requiring regular dialysis and a kidney transplant. There were no findings made against Corbally, who was completely cleared by the Medical Council. The fall-out for Corbally was very damaging, but it was compounded by the second case that emerged soon afterwards. A young girl who was supposed to have an operation to release skin in her upper

needed legal clarification. Corbally has a different view.

"My suspicion is that there was a feeling I did not get enough of a reprimand the first time, so they [the Medical Council] really went for me," he says.

In his lengthy judgment, Hardiman described the case as an "unfortunate and in many ways a sad case". He said Corbally was "not merely a competent doctor but a very distinguished one".

Hardiman said Corbally's responsibilities and workload at Crumlin were "intimidatingly" great, pointing out that Crumlin was working "well below the recommended ratio of paediatric surgeons per head of the population".

At the time Corbally wrote the note which was the basis of the complaint, he had been on call for five of the previous seven nights.

Hardiman described Corbally's error as a "slip of the pen", which had been made in the context of great pressure.

Many other surgeons and doctors in Ireland are working in similarly pressured environments, Corbally says.

"In Ireland, the surgeon today faces many challenges. We face infrastructural challenges and poor support on a regular basis. Surgeons deal with limited operating access at times, rolling theatre closures and nursing staff shortages which affect not only our access to theatres, but are also directly related to patients' morbidity and mortality," he says.

"Doctors must have reasonable workloads, reasonable admin support and a reasonable on call commitment."

Corbally says it is "completely unacceptable" for doctors to be on call for one in every two or three nights. This occurs in addition to their regular weekly workload. It is simply too pressured and not conducive to safe care, he says.

He says unrealistic workloads are occurring at the same time that doctors are grappling with over-regulation which, he says, is encouraging defensive medicine and is hugely wasteful of resources.

Defensive medicine refers to the prac-



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..... *paediatric surgeon Martin Corbally*

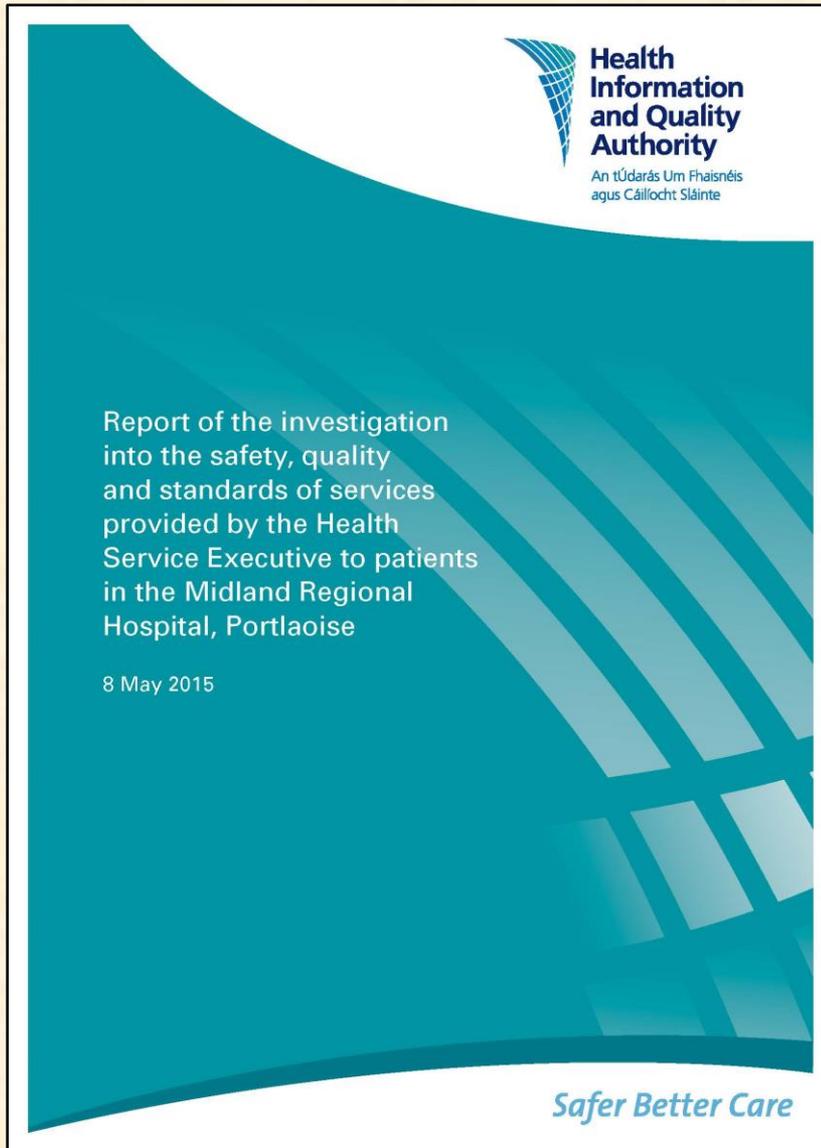
“It is uncomfortable looking inside our fallibility. We have a fear of looking.”

..... *Surgeon Atul Gawande*

“The more I thought about the past, the more mistakes rose to the surface, like poisonous methane stirred up from a stagnant pond.”

..... *British neurosurgeon Henry Marsh*

# Report – Midland Regional Hospital, Portlaoise



HIQA report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise

8 May 2015

**THE LOURDES HOSPITAL INQUIRY**  
**An Inquiry into peripartum hysterectomy at**  
**Our Lady of Lourdes Hospital, Drogheda.**

**REPORT**  
**Of**  
**JUDGE MAUREEN HARDING CLARK S.C.,**

January 2006

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# The Lourdes Hospital Inquiry

An Investigation into peripartum  
hysterectomy at Our Lady of  
Lourdes Hospital, Drogheda

Report

of

Judge Maureen Harding Clark S.C.

January 2006

“We don’t know how many people we’re killing or harming avoidably.... it doesn’t mean that we are, but we just don’t know.”

Former Hiqa chief executive Tracey Cooper

“The job is difficult enough without having the press on your back.” A British heart surgeon had the idea when he became the medical director of the NHS that surgeons’ death rates should be published and available for the newspapers.

“Let me ask you: which surgeons would have the highest death rates? The worst ones or the best ones? The best surgeons attract the worst patients like a magnet. So, if you want to make your best surgeons defensive, you start counting bodies and putting it into the public arena.

My particular branch of the profession is now risk-averse. None of us lose patients because we’re careless or don’t care. So I’ve seen my profession wrecked, I’m afraid.”

*..... British heart surgeon Stephen Westaby*

“The Society for Cardiothoracic Surgery in Great Britain and Ireland (SCTS) has published mortality rates for all NHS hospitals and about 80% of surgeons since then. This programme has been associated with clear improvements in risk adjusted mortality without obvious adverse consequences.”

Professor Ben Bridgewater and colleagues on behalf of the Society for Cardiothoracic Surgery in Great Britain and Ireland.

## Cost of Claims Resolved 2012 - 2016

Cost of Claims	2012 €000	2013 €000	2014 €000	2015 €000	2016 €000
Awards/ Settlements	35,357	35,974	44,726	44,467	53,018
Legal Fees - SCA	8,637	9,503	8,861	8,712	8,635
Legal Fees – Plaintiff	12,964	15,410	13,853	15,592	17,633
Other	963	1,247	1,188	1,511	1,707
<b>Total</b>	<b>57,921</b>	<b>62,135</b>	<b>68,628</b>	<b>70,283</b>	<b>80,993</b>

Source:

Thank you for your attention!

“Another *example*: my wife was having her blood taken recently. There was a young doctor doing it; he made a mess of it and, as we all remember from our days as students and young doctors, left a long line of bruises and pin pricks up her arm.

Then the idiot said, “I’m terribly sorry, I haven’t really done this before”, when what he should have said was, “you’ve got terrible veins”, which is probably the case with my wife”.

..... *British neurosurgeon Henry Marsh*

## FINANCIAL TIMES

Life & Arts

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### What makes a great surgeon? Two of Britain's best discuss

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Henry Marsh and Stephen Westaby on '100 per cent mortality', the embattled NHS and why self-deception is a clinical skill

Henry Marsh & Stephen Westaby on '100 percent mortality', the embattled NHS & why self-deception is a clinical skill

