

5th May 2010

Queensland Health

The Chief Executive Officer

GPO Box 48 Brisbane, Queensland 4001

RE: MEDICAL NEGLIGENCE CASE. 20TH JANUARY 2000

LOCATION: LOGAN HOSPITAL

INCIDENT: ACCIDENTAL PLACEMENT OF 400mls 3% GASTROGRAFFIN INTO LEFT LOWER LOBE OF LUNG WHILST SUFFERING PRE-EXISTING PANCREATITIS.

WITHOUT PREJUDICE

Dear Sir/Madam,

My Name is Terry Lindsay and I am writing to you regarding my medical negligence claim. I would like us to come to some financial arrangement and settle this matter.

I'm a reasonable man. I have never sued anyone in my life or been in trouble with the police. All I want is to be fair. I feel I am entitled to some compensation for the pain & suffering, loss of income and continual medical expenses that I have endured.

We are at the stage where I have to find an "expert" to quantify how much damage was done by the incident and how much may have occurred because of my pre – existing acute pancreatitis. I am hoping that we can come up with a fair financial settlement without going down that path.

HISTORY

On the 20th of January I was admitted to the Logan Hospital with severe abdominal pains. I was diagnosed with idiopathic acute pancreatitis and my condition stabilised. After approximately 8 hours it was decided to search for complications and a naso-gastro tube was passed but the position was not checked and it ended up in my left lower lobe of my lung. Approximately 400 mls of 3% gastrograffin was instilled into my left lung. Following this I became grossly unwell with hypotension, hypoxia, tachycardia and oliguria. I endured 6 weeks in ICU and another 2 ½ months in hospital.

To date I have endured 23 operations, most of these to remove dead pancreatic tissue. I also had extensive physiotherapy to try and improve my frozen shoulders.

PRESENT CONDITION

I am now an insulin dependent diabetic, have a distended abdomen & have limited use of my shoulders. I have very little pancreas left (if any). My diabetes is kept under control with high dosages of insulin & metforman tablets. I find it difficult to bend down or walk fast . I also have high cholesterol & blood pressure, asthma and suffer depression. I have constant pains in my abdomen & shoulders. I'm not trying to blame all of this on what happened to me as at 52 years of age some medical issues are to be expected, although I do feel that the diabetes is definitely related to what happened to me.

I was checked for diabetes 3 months prior to me becoming ill and there was no sign of it. My mother has developed age onset diabetes but both my father & my brother do not have it. Prior to becoming ill I was relatively healthy. A non-smoker (never smoked) and a non-drinker .

I have four children and in 2000 they were 14, 12, 10 & 8. They went through a terrible time being told that I had only 1% chance of survival. My wife also suffered greatly and I think this contributed to our marriage breakdown after 24 years. I was very depressed & moody and must have been difficult to live with. Due to my condition I was unable to do things with my children that I would have liked such as teaching them how to fix their cars & doing things like going on rides, rollerskating, go-karting, skiing or going to the beach.

SITUATION

As you may be aware Logan Hospital has admitted negligence but as my lawyer has informed me the main issue with my case is causation. I have to find an expert that can quantify what percentage of my overall condition was caused by my pre-existing acute pancreatitis and what by the administration of 3% gastrograffin into the left lower lobe of my lung. It seems quite obvious from the medical opinions included in this letter that the gastrograffin incident contributed to my overall condition and I'm hoping a financial settlement can be reached without both of us having to spend more money obtaining further legal opinions & medical reports.

EFFECTS/LOSSES

- 1) After my illness I was unable to run my company which I ran from home. I had developed a "cook in the bag" rice based meal which I was selling to camping stores. The business was in the early stages of growth but had huge export potential with interests in Asia.
- 2) I had been a musician/entertainer since I was 16 years old. I entertained at venues in NSW. Qld & interstate as well as overseas & on cruise ships. I was a professionally trained vocalist. One week prior to becoming ill I had just booked an entire year's worth of entertainment at a local restaurant! After my illness I can no longer sing or play the guitar & piano at a professional level.
- 3) I have an ugly distended abdomen which makes me look like I'm 9 months pregnant! I hate the way that I look. I can no longer dress up nice & can't get clothes to fit properly. I'm very self conscious about it and avoid going out.

- 4) I am unable to do any physical work, stand on my feet for long periods, run or do any work that involves lifting my shoulders. Even putting on my shoes is a major task.
- 5) I was off work for 3 years and had to do additional study to enable me to get back into the workforce as I was unable physically to do my usual job.
- 6) I had to borrow money of my relatives to enable me to pay my mortgage, bills and the children's school fees.

INFORMATION

Over the years I have obtained reports that have established that gastrograffin placement into the lungs is very dangerous, especially when suffering a pre – existing condition such as Acute Pancreatitis.

“Gastrograffin aspiration into the lung would have caused either pulmonary oedema or delayed pulmonary oedema depending on whether the gastrograffin was hypertonic or hypotonic solution”.

Dr A B Wood

Consultant Surgeon – Tayside University Hospital, Dundee, Scotland

2% or 3% gastrograffin?

On my medical notes it shows that 400mls of 2% gastrograffin was aspirated into my lung yet on the imaging report it shows 3% - Does this make a difference?

*“The 2 – 3% is very important. The anaesthetist indicates awareness that this is a serious mistake but says at **3% it would be hypertonic** and therefore very dangerous but at 2% it would be hypotonic and therefore not as dangerous”.*

Dr Irene Campbell – Taylor – Clinical Neuro-Scientist

Aspirated or placed?

“The imaging notes indicate that **3% gastrograffin** was introduced by error into your lung. You did not aspirate! That would have been an accident”. It was **placed into your lung** by medical staff and could have been lethal”. It was because of this error that you were a candidate for ICU”. The medical notes indicate that a serious error was made that severely damaged your lung and could have been fatal!”

Dr Irene Campbell – Taylor – Clinical Neuro-Scientist

What would the effects be of putting 400mls 2% gastrograffin into the lungs?

"It is likely that the patient would cough & splutter. It is likely that the patient would experience reduced oxygen in the blood (Hypoxia) and notice some difficulty breathing. We could not deny the possibility that a severe problem could occur".

Dr Fisher – Clinical Professor of Anaesthesia/Medicine

What if the patient already had pre-existing Acute Pancreatitis?

"It is theoretically possible that it would make the pancreatitis worse, and would make the prognosis worse!"

Dr Fisher – Clinical Professor of Anaesthesia/Medicine

*"Once pancreatitis has been initiated vascular events seem to play a major role in it's propagation".
"Factors which impair pancreatic blood flow are capable of converting a mild pancreatitis into a more severe form of the disease".*

David W Rattner & Andrew L Warshaw

"Any hypoxia will adversely affect an inflammation such as pancreatitis to varying degrees, depending on the severity of the condition and the degree of pancreatitis".

Dr Irene Campbell – Taylor – Clinical Neuro-Scientist

Did the gastrograffin incident contribute to the worsening of my condition?

The onset of pancreatitis can usually be indicated by a rise in the serum amylase level of the patient. Once stabilised, the amylase levels drops back to normal.

When my amylase level was first tested it was 1931. After my condition was stabilised it fell to 474. After the gastrograffin incident it rose again to 840.

Why did it rise again, when they had my condition stabilized. Delayed pulmonary oedema?

According to my x-ray report at the Logan Hospital, there was swelling of the pancreatitis, but no visible signs of necrosis.

*“From the Logan Hospital medical notes it appears that the patient’s condition deteriorated significantly approx twelve hours after the **insertion of the gastrograffin**”. “The patient’s deterioration **appeared to be predominantly respiratory** and the deterioration would appear to be **due to hypoxia** and thus it would be **hard to dissociate from the fluid in the lung**”.*

Dr J Roche – Associate Professor of Radiology

Did the gastrograffin incident cause hypoxia?

From the Medical & Work details report

Condition 1 – Diagnosis – “Severe Acute Necrotising Pancreatitis”

Clinical Features: “Transfer from Logan Hospital with severe idiopathic pancreatitis 21.1.00”

“Currently convalescing with an open abdominal wound”

Condition 2 – Diagnosis – “Chemical Pneumonitis”

Clinical Features: “Severe hypoxia **due to gastrograffin aspiration**”

The treating surgeon at The Mater Hospital obviously thought that the hypoxia was a result of the gastrograffin incident and **not** the acute necrotising pancreatitis – and was worth mentioning!

Dr Matthew Carmody

General Surgeon

I don’t think you could deny from the information above that the gastrograffin incident obviously had some bearing on my overall medical outcome. My personal opinion is that I was recovering from acute pancreatitis (the doctor explained to my wife that my condition had stabilised and I should be home in a few days) my amylase level had dropped to near normal level. After the gastrograffin incident the amylase level began to rise again, and severe hypoxia developed. This in-turn changed my mild pancreatitis to a more severe form & necrosis occurred and then eventually multiple organ failure. I attribute at least 90% of my outcome to the gastrograffin incident. This is purely my opinion and I have no way to substantiate it.

As it has been 10 years since the incident and I do not want the stress or costs of fighting this in court I do hope you can be reasonable and we can settle this matter once and for all without expensive lawyers & court costs.

I await your reply.

Yours faithfully

Terry Lindsay

P.O. Box 450

BEENLEIGH 4207

0434 230703

Terry57@live.com.au



Queensland **Health**

Enquiries to: Ms Susan Hefferan
District Solicitor
Metro South Health Service
District
Telephone: (07) 3299 8380
Facsimile: (07) 3299 8888
File Ref: DG058868

26 MAY 2010

Mr Terry Lindsay
PO Box 450
BEENLEIGH QLD 4207

Dear Mr Lindsay

I refer to your letter dated 5 May 2010, regarding your request for compensation in relation to your medical negligence claim arising from treatment you received at the Logan Hospital on 20 January 2000.

You have identified that your claim is at the 'expert evidence' stage and that causation is an issue. I am advised by Dr David Theile, Chief Executive Officer, Metro South Health Service District, that your complaint was conciliated by the Health Rights Commission and the case was closed on 4 February 2003. I am further informed that you also brought a legal claim against the State of Queensland (Logan Hospital) in late 2002, through your solicitors, Jonathan C Whiting and Associates. I am aware that, in the course of your claim, you obtained numerous expert opinions, which were disclosed to the State of Queensland's lawyers, and which addressed the issue of causation. Lawyers for the State of Queensland closed their file in late 2004 as you had not pursued your claim.

Dr Theile has additionally advised that enquiries have been made with Jonathan C Whiting and Associates, who advise that they still represent you in relation to your claim. Accordingly, in the circumstances, I am unable to discuss your request for compensation with you and recommend that you contact your solicitors in this regard.

Should your solicitors require further information, Queensland Health's contact is Ms Susan Hefferan, District Solicitor, Metro South Health Service District, on telephone 3299 8380.

Yours sincerely

Michael Reid
Director-General

Office
19th Floor
Queensland Health Building
147 - 163 Charlotte Street
BRISBANE QLD 4000

Postal
GPO Box 48
BRISBANE QLD 4001

Phone
3234 1170

Fax
3234 1482