

# THE TIMES

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## The lessons to be learnt from the rogue breast surgeon with a 'God complex'



Ian Paterson was sentenced to 15 years in jail after being found guilty of wounding with intent  
JOE GIDDENS/PA

Lawyers joke that GPs think they are God, but surgeons know they are. It is said that the breast surgeon Ian Paterson had a "God complex". We all like a simple label to explain the incomprehensible, but, leaving aside the fact that no faith believes in a god that deliberately causes pain, the harsh reality is that we will never know Paterson's motives. The court considered his motives to be "obscure"; he undoubtedly made financial gains he would not otherwise have, but he also seemed to bask in the adoration of his patients.

Paterson was sentenced to 15 years in prison, having been found guilty of 17 charges of wounding with intent and three of unlawful wounding in respect of nine women and one man at a private hospital between 1997 and 2011. There are 350 patients claiming compensation but, as Paterson operated on more than 4,400 patients at the Heart of England NHS Trust and thousands more privately, the scale of his unlawful acts may never be known. That NHS trust has already paid out nearly £18 million in damages and costs.

A surgeon lawfully "wounds" the skin during a necessary operation where the patient consents. Paterson carried out "extensive, life-changing operations for no medically justifiable reason". No one consents to such actions, which were unlawful. He invented or exaggerated cancer risks to persuade patients to undergo surgery.

Jeremy Hunt, the health secretary, has promised a government inquiry into how Paterson was able to do this for so long. Paterson often used "cleavage-sparing" mastectomies for cosmetic effect, leaving potentially cancerous breast tissue behind. NHS managers repeatedly warned against this technique, but did no more. A previous inquiry into Paterson's practice, led by Sir Ian Kennedy, said: "It is a story of weak and indecisive leadership from senior managers. It is a story of secrecy and containment." But Paterson's main wrongdoing, namely the unnecessary operations, was not picked up.

So if we do not know the why, future preventative steps are hard to formulate. The Harold Shipman inquiries led to far-ranging changes in the regulation and scrutiny of the medical profession by the General Medical Council. Doctors and staff have a duty by the Good Medical Practice (2013) framework to "take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised". This is backed up by specific guidance: Raising and Acting on Concerns about Patient Safety, which was published in January 2012. Fellow doctors have a duty to speak up and, if not heard, have a duty to "go public". The Francis report led to the passing of the statutory duty of candour, which again requires trusts and doctors to tell patients of matters that have gone wrong. Whistleblowers are protected.

Paterson often acted in isolation and not as part of a team, particularly in relation to private surgery rather than in an NHS setting. An answer could be to require an independent surgeon to "sign off" the surgery. However, this would have enormous cost consequences in an already financially constrained environment and would in effect label doctors as inherently untrustworthy.

Although Paterson ruthlessly betrayed his patients' trust, the profession as a whole is entitled to our trust. While many welcome steps have already been introduced, the legal profession has always thought that they would not prevent another Shipman; in many ways Paterson proves the point.

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