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## **Medical Report by Dr Alastair H Bint**

**Dated**

5<sup>th</sup> January 2009

**Area of Expertise**

General Practice

**On behalf of the Claimant**

Mr. Scott Green

**Instructing Solicitors**

Ison Harrison Solicitors, Duke House 54 Wellington Street, Leeds

**Subject**

Adverse effects suffered as a result of treatment received in connection with heroin addiction.

**Written by**

Dr Alastair Bint, St Lukes Surgery, Warren Road, Guildford, UK, GU13JH

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# Report

## 1. Introduction

### 1.01 The Expert

I am Dr Alastair Halford Bint. My specialist field is General Medical Practice. Full details of my qualifications and experience entitling me to give expert opinion evidence are in appendix 1.

With relevance to this case, I routinely perform minor surgical procedures, such as implants, in General Practice and I am very experienced in the management of wound care and of possible allergic or infective reactions. I do not have experience using Naltrexone implants and have therefore confined my expert opinion to duty of care standards and general wound care.

### 1.02 Summary background of the case

The case concerns Mr Scott Green, a patient of Dr Pink, of the 'Rehab Clinic' who was treated for heroin addiction using a Naltrexone implant, an unlicensed medication, inserted into the abdominal wall. Mr Green developed a serious infection requiring surgery and leaving him with an open wound requiring ongoing medical treatment.

### 1.03 Summary of my conclusions

The use of the implant seems reasonable and Mr Green signed a consent form acknowledging that it was unlicensed and accepting the risks involved. However, the management of his subsequent problems appears to be below a reasonable standard. Dr Pink, of the Rehab Clinic has provided no written record for parts of his subsequent management. This falls below the reasonable standard of record keeping required for medical practice. Despite there being no substantiating records from Dr Pink, there is evidence to suggest that Dr Pink administered a steroid injection into the wound. If the wound was infected at the time the steroid injection was administered, then such an injection is likely to have made the wound worse. In this case administering an injection in this way would be below an acceptable medical standard of care.

### 1.04 The parties involved

Mr Scott Green: patient and claimant  
Dr Pink of Rehab Clinic, Isle of White: defendant.

### 1.05 Technical terms and explanations

I have indicated any technical terms in **bold type**. I have defined these terms when first used and included them in a glossary in appendix 3.

## 2 The instructions and issues raised

- 2.01 To comment on the level of care provided by Dr Pink in relation to his duty of care and on the standard of wound management care.

## 3 My investigation of the facts, history of events

### 3.01 Background

Mr Green was 24 years old when these proceedings began. He has a history of illicit poly-substance abuse from the age of 12 years old and had seen by a number of drug clinics and had suffered a number of failed detoxification programs.

- 3.02 Mr Green consulted Dr Pink at the 'Rehab Clinic' on 2<sup>nd</sup> June 2006, at that stage it was noted he was using heroin, crack cocaine and cannabis. He had also been on an episodic **methadone** program and **subutex** program via several different drug rehabilitation clinics. There was also mention that he had used oral **Naltrexone** medication. He was seen several times by Dr Pink over the next few days and on the 9th June 2006 it was decided to try a Naltrexone implant.

- 3.03 On the 12<sup>th</sup> June 2006, Dr Pink inserted a 'Sherman Naltrexone implant' into the abdominal wall of Mr Green. On that day, Mr Green signed a consent form, recognising that this was an *'unlicensed medication and although they may be used to treat patients legally, no assurances can be offered regarding their effectiveness, safety or duration of action and treatment is undertaken at patients own risk'*. Also in the signed consent form is a list of possible side effects including *'infection at the site of implant'*, *'rejection (immunological and mechanical)'* and *'allergic reaction'*. The consent form also mentions *'in rare circumstances the implant may need to be removed surgically which would require an exploratory operation under General Anaesthetic in a hospital operating theatre'*.

- 3.04 On the 13<sup>th</sup> June 2006, Mr Green saw his GP who noted *'site not infected'*.

- 3.05 On the 20<sup>th</sup> June 2006, Mr Green saw the GP practice nurse and his stitches were removed and it was noted *'wound healed'*.

- 3.06 On the 6<sup>th</sup> July 2006 Mr Green telephoned Dr Pink to advise that still had problems with the implant site. Dr Pink offered to see Mr Green that coming weekend and in the meantime prescribed antibiotics and a steroid cream.

- 3.07 On the 12<sup>th</sup> July 2006 Mr Green consulted Dr Pink at the Rehab Clinic and Dr Pink noted *'only minimal infection of wound, needs antibiotics only'*. Flucloxacillin antibiotic was prescribed.

- 3.08** The next day, on the 13<sup>th</sup> July 2006, Mr Green consulted his GP with a widespread rash over the implant site. The diagnosis was '*allergic urticaria*' but also '*mild cellulitis*'. The Flucloxacillin antibiotics prescribed by Dr Pink were changed to Erythromycin antibiotics and antihistamines were prescribed. It appears that thereafter the wound settled.
- 3.09** On the 16<sup>th</sup> November 2006, Mr Green telephoned Dr Pink to advise that he was still using heroin. He was to consider using oral Naltrexone with a plan to get back to Dr Pink in the New Year.
- 3.10** On the 2<sup>nd</sup> March 2007, Dr Pink inserted the second Naltrexone implant into Mr Green. A consent form detailing the possible risks and side effects, identical to the initial implant consent form, was signed by Mr Green.
- 3.11** On the 5<sup>th</sup> March 2007, Mr Green consulted his GP and it was noted that the implant '*area was red and blistered.*' He was prescribed antibiotics and a steroid cream.
- 3.12** Mr Green consulted his GP on a daily basis with ongoing blistering and rash and the GP telephoned Dr Pink on the 8<sup>th</sup> March 2007 and was advised to inject steroid into the wound. The GP was not happy to do this and asked that Dr Pink manage the problem. The GP recorded in the notes that Mr Green was to go to Dr Pink that night.
- 3.13** There are no records from Dr Pink or the Rehab clinic regarding any further consultations past the 5<sup>th</sup> March 2007 so no record of any steroid injection being given. Mr Green has signed a witness statement stating that he received a steroid injection from Dr Pink.
- 3.14** On the 13<sup>th</sup> March 2007, Mr Green consulted his GP, who noted that the implant scar was now necrotic and that there was a generalised rash, felt to be an allergic reaction.
- 3.15** For the next few weeks Mr Green attended the GP surgery for regular dressing changes to his wound and then on the 20<sup>th</sup> April 2007 he attended the Accident and Emergency centre at Hillingdon Hospital as the wound had deteriorated. He was admitted to hospital that day.
- 3.16** On the 23<sup>rd</sup> April 2007 at Hillingdon Hospital, Mr Green underwent a General Anaesthetic operation to debride the infected and necrotic wound and to remove of the implants.
- 3.17** Mr Green has since suffered a prolonged period of wound problems.

## **4 My opinion**

- 4.01** Mr Green had a history of multiple drug habits and failed detoxification programs. The use of a Naltrexone implant by Dr Pink seems a reasonable action but a definitive opinion on its appropriateness should be sought from an expert with experience in the use of Naltrexone implants. Mr Green was fully counselled appropriately on the risks involved including allergic reaction and infection.
- 4.02** There is evidence to suggest that Mr Green had an allergic reaction to his first implant, but it may also have been a postoperative infection, or in fact, a mixture of both. Given that the wound, having initially healed, continued to cause problems for a number of weeks after implant insertion, this would suggest that of the two possibilities, allergy to the implant was the most likely cause. It is however impossible to tell for certain, as his treatment was a combination of antibiotics, steroid cream and antihistamines, which successfully covered and treated both possibilities (antibiotics treat infection, steroid cream and antihistamines treat allergy).
- 4.03** Some months later, at the request of Mr Green, Dr Pink proceeded with the second Naltrexone implant. Whether this was a reasonable action or not, given Mr Green's experience with his first implant, will need to be determined by an expert experienced in the use of Naltrexone implants.
- 4.04** Similarly to the first implant, the second implant wound showed signs of allergy and infection and was being treated with antibiotics, antihistamines and steroid cream.
- 4.05** In his witness statement, Mr Green states that a steroid injection took place and that Dr Pink performed it. There are no written records from the Dr Pink regarding this. If this injection did take place, then the lack of any clinic records detailing this treatment is, in my view, wholly below an acceptable standard of record keeping.
- 4.06** A steroid injected into an infected wound will make that wound worse. It would not always be necessary to swab a wound but if there is any doubt as to whether the wound may be infected, then antibiotics and a swab should be taken. Indeed, if a wound is infected, one should question whether a steroid injection should be used at all, but if it is to be used then antibiotics should also be administered prior to and after the injection. It is my view that administering a steroid injection into an infected wound without adequate precaution is therefore below an acceptable standard of medical practice.
- 4.07** After the steroid injection, it is clear that the wound deteriorated, eventually becoming necrotic and requiring operative debridement. It was some seven weeks after the implant was inserted before it was eventually removed. Dr Pink was not equipped for General Anaesthetic, and this is reasonable for a small clinic. Dr Pink did, however, have a duty of care to arrange necessary implant extraction in a timely manner as to minimise the deterioration of the wound. There are no notes available from Dr Pink for this period of time but

one must question whether the implant should have been removed earlier and an opinion on this should be sort from an expert experienced in the use of Naltrexone implants.

## **5 Statement of compliance**

- (a) I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.
- (b) I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert is required.
- (c) I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters which I regard as relevant to the opinions I have expressed.
- (d) I consider that all the matters on which I have expressed an opinion lie within my field of expertise.
- (e) I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
- (f) In preparing and presenting this report I am not aware of any conflict of interest actual or potential save as expressly disclosed in this report.
- (g) In respect of matters referred to which are not within my personal knowledge, I have indicated the source of such information.
- (h) I have not included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.
- (i) Where, in my view, there is a range of reasonable opinion relevant to the opinions I express, I have indicated the extent of the range in the report.
- (j) At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any alteration, correction, or qualification.
- (k) I understand that this report will be the evidence that I will give, if required, under oath, subject to any correction or qualification I may make before swearing to its veracity.
- (l) I have attached to this report a statement setting out the substance of all the facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

## **6 Statement of truth**

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

Signed by Dr Alastair Bint

Dated



## **Appendix 1**

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Warren Road, Guildford,  
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### **My experience and qualifications:**

#### **Current Position**

I am a full time NHS GP and trainer of foundation doctors in General Practice. I am Chairman of the South West Thames faculty of the Royal College of General Practitioners and I sit on the executive committee for postgraduate General Practice education in Kent, Surrey and Sussex. I have worked as clinical lead and sit on the Guildford Practice Based Commissioning board, one of the roles of which is appraising clinical pathways and protocols. I am a commentator for the Royal College of GPs on ethical and medico-legal issues.

I routinely perform minor surgical procedures in General Practice and have experience working on larger operations, having spent considerable time working in Accident and Emergency departments as a Senior House Officer and as a Staff Grade. I am well experienced in the management of wound care and possible allergic or infective reactions.

I do not have experience using Naltrexone implants and have therefore confined my expert opinion to duty of care and of general wound care.

#### **Qualifications:**

MRCGP, Membership of Royal College of General Practitioners, 2003.  
DRCOG, Diploma from Royal College of Obstetricians and Gynaecologists, 2002.  
DFFP, Diploma from Faculty of Family Planning, 2002.  
DGM, Diploma in Geriatric Medicine, Royal College of Physicians, 2001.  
MBChB, Bachelor of Medicine and of Surgery, Edinburgh University, 1998.

#### **Professional Memberships:**

General Medical Council number 4546883  
Medical Defence Union number 307265G  
Royal College of General Practitioners number 53602  
Faculty of Family Planning and Reproductive Healthcare number D015276

## **Appendix 2**

### **List of documents examined**

1. GP held records
2. Hospital records from Hillingdon Hospital NHS Trust
3. Records from 'Rehab Clinic'
4. Letter of instruction from James Blue solicitors dated 17<sup>th</sup> December 2008
5. Signed witness statement made by Mr Scott Green

### **Appendix 3**

#### **Explanation of medical terms**

Methadone; a prescribed controlled drug used as a substitute in heroin addiction.

Naltrexone; a prescribed controlled drug used as a substitute in heroin addiction primarily for use in the prevention of relapse in detoxified patients. It is available in tablet and implant form.

Subutex; a prescribed controlled drug used as a substitute in heroin addiction

Allergic urticaria; a distinct rash found in patients allergic to a particular agent.

Cellulitis; infection of the skin often demonstrated by a painful, hot, red rash.