

TRIBUNAL OF NEW SOUTH WALES

MEMBERS:

DR J GREENWELL
DR J GAMBRILL
MS A COLLIER

RE: DR EDMOND EDWARD EDMOND AND THE MEDICAL PRACTITIONERS' ACT

REASONS FOR DETERMINATION

10th December, 1992

HIS HONOUR: This Tribunal is charged pursuant to the provisions of section 31(1) (a) of the Medical Practitioners' Act, 1938 as amended, with inquiring into a complaint of professional misconduct against the respondent Dr Edmond Edward Edmond, made by the duly authorised delegate of the Director-General, Department of Health, pursuant to section 28(1) (d) of the said Act alleging that the respondent has been guilty of professional misconduct.

The complaint and the particulars annexed to the complaint are as follows:

TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of Section 27(1)(a) of the Act in that you:

- A. demonstrated a lack of adequate knowledge, experience, skill, judgment and care in the practice of medicine; and
- B. have been guilty of other improper and unethical conduct relating to the practice of medicine.

PARTICULARS OF COMPLAINT NO. 1 ARE AS FOLLOWS:

1. You attempted to perform surgical termination of pregnancy on Fiona Jane Carter ("the patient") on 23rd November, 1989 but did not before doing so on the day -

- (a) confirm the patient was pregnant by administering a pregnancy test or by referring to the result of any pregnancy test already performed;
- (b) determine the patient's RH factor;
- (c) test the patient's haemoglobin level;
- (d) take a proper history in relation to the pregnancy when you had taken no proper history before that day;
- (e) perform or cause to be performed an ultrasound examination to investigate gestational age;
- (f) ascertain whether the patient had been counselled or offer counselling concerning a decision to terminate the pregnancy nor provide, offer or procure counselling as to future contraception;
- (g) obtain from the patient a signed consent form in relation to anaesthetic and/or surgery;
- (h) perform a vaginal examination of the patient prior to administration of sedation or anaesthetic at the commencement of the attempted termination;

and did on that day -

- (i) direct and permit a person not a registered medical practitioner qualified and skilled in the practice of anaesthetics to administer anaesthetic to the patient during attempted surgical termination of pregnancy;
- (j) carry out attempted surgical termination of pregnancy at your rooms without the participation of any other qualified and skilled medical practitioner or qualified and skilled nursing staff;
- (k) fail to provide proper post-operative care yourself or by qualified and skilled nursing staff;
- (l) fail to request transfer of the patient to hospital until 4.34 pm;
- (m) fail to call an ambulance until when 4.34 pm on 23rd November, 1989 an ambulance should have been called at an earlier time due loss; to the patient's excessive blood
- (n) fail to advise the patient that she should be admitted to the nearest public hospital;
- (o) fail to advise the patient of the risk to her wellbeing if she were not transferred to a nearby hospital;
- (p) knowing it to be false, write in the patient's referral letter "this morning she came with p. v . bleeding" and "O/E products was pulled out of the Cervix";

- (q) omit deliberately from the patient's referral letter the material history that you had on that day attempted unsuccessfully to perform a surgical termination of pregnancy on the patient;
- (r) make false and misleading statements to ambulance officers attending to transport the patient, namely:
 - (i) that the patient had come into the surgery feeling ill after having fainted a few streets away, and
 - (ii) that the patient's condition was due to an unusually heavy menstrual period;
- (s) deliberately omit to inform the ambulance officers transporting the patient that you had attempted to perform surgical termination of pregnancy on the patient earlier that day;
- (t) cause without reasonable excuse bruising's and a 2 cm laceration to the patient's fourchette (posterior union of labia minora) during your attempted surgical termination of pregnancy;
- (u) use inappropriate instruments during attempted termination of pregnancy;
- (v) fail to give accurate and adequate history upon transfer of the seriously ill patient;
- (w) attempt surgical termination of pregnancy twice at your rooms without the assistance of any registered or qualified anaesthetist, medical practitioner or registered or trained nursing personnel.

AND FURTHER TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of section 27(1)(e) of the Act.

- A. By permitting an assistant employed by you (in connection with your professional practice) who was not a registered medical practitioner to attend and treat patients in respect of matters requiring professional discretion and skill while not under your immediate personal supervision.

PARTICULARS OF COMPLAINT NO. 2 ARE AS FOLLOWS:

1. Between August, 1987 and March, 1989 you employed Sohair Zaki Goubbran Ayoub to work regularly at your rooms at 17 Collins Street, Belmore attending and treating patients who attended those rooms in respect of matters requiring professional discretion and skill while Ms Ayoub was not a registered medical practitioner within the meaning of the Act.

AND FURTHER TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of section 27(1)(f) of the Act in that you:

- A. By your presence, countenance, advice, assistance and co-operation, knowingly enabled a person who was not a registered practitioner to engage in professional practice as if the person were a registered practitioner while not under your immediate personal supervision.

PARTICULARS OF COMPLAINT NO. 3 ARE AS FOLLOWS:

1. Between August, 1987 and March, 1989 you in connection with your professional practice employed Sohair Zaki Goubran Ayoub to work in your rooms at 17 Collins Street, Belmore in the role of a general practitioner knowing that she was not a registered medical practitioner and that she was holding herself out to patients as being a registered medical practitioner.

AND FURTHER TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of Section 27(1)(e) of the Act in that you:

- A. By permitting Said Mohareb an assistant employed by you (in conjunction with your professional practice) who was not a registered medical practitioner to attend and treat patients in respect of matters requiring professional discretion and skill while not under your immediate personal supervision.

PARTICULARS OF COMPLAINT NO. 4 ARE AS FOLLOWS:

1. Between 1st May, 1987 and 3rd August, 1987 you employed Said Mohareb to work regularly at your rooms at 17 Collins Street, Belmore attending and treating patients who attended whose rooms in respect of matters requiring professional discretion and skill while Mr Mohareb was not a registered medical practitioner within the meaning of the Act.

AND FURTHER TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of Section 28(1)(f) - sic 27(1)(f) of the Act in that you:

- A. By your presence, countenance, advice, assistance and co-operation, knowingly enabled Said Mohareb a person who was not a registered practitioner to engage in professional practice as if the person were a registered practitioner while not under your immediate personal supervision.

PARTICULARS OF COMPLAINT NO. 5 ARE AS FOLLOWS:

1. Between 1st May, 1987 and 3rd August, 1987 you in connection with your professional practice employed Said Mohareb to work in your rooms at 17 Collins Street, Belmore in the role of a general practitioner knowing that he was not a registered medical practitioner and that he was holding himself out to patients as being a registered medical practitioner.

AND FURTHER TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of section 27(1)(a) of the Act in that you:

- A. demonstrated a lack of adequate knowledge, experience, skill, judgment and care in the practice of medicine and;
- B. has been guilty of other improper or unethical conduct relating to the practice of medicine.

PARTICULARS OF COMPLAINT NO. 6 ARE AS FOLLOWS:

1. Between 1st July, 1988 and 1st May, 1992 on a regular basis you carried out general anaesthesia and sedation, surgical operations and manipulations:
 - (a) without the presence and assistance of qualified and experienced, trained anaesthetists and nursing staff;
 - (b) requiring and permitting persons without medical qualifications to position and monitor the patient and ensure the continuance of anaesthesia during the performance of the procedures;
 - (c) using a recovery area in your premises without the assistance of any registered nurse or suitably trained person present and where the patients were not properly and continuously or frequently monitored and observed by any person;
 - (d) without obtaining physical assessment or history before general anaesthetic, without obtaining signed consent of the patient after explanation of the risks of anaesthetic and procedure and without wearing sterile surgical garb.

AND FURTHER TAKE NOTICE that the Medical Tribunal has received a complaint from a delegate of the Director-General of the Department of Health, that you have been guilty of professional misconduct within the meaning of Section 27(1)(a) of the Act in that you:

- A. demonstrated a lack of adequate knowledge, experience, skill, judgment and care in the practice of medicine; and

- B. have been guilty of other improper and unethical conduct relating to the practice of medicine.

PARTICULARS OF COMPLAINT NO. 7 ARE AS FOLLOWS:

Between 1st June, 1989 and 26th November, 1989 in relation to Joanne Rhonda Palmer ("the patient") you:

- (a) prescribed as set out in Schedule in Annexure "A" for the patient (knowing or being under obligation to enquire as to the prescribing by the other doctors whose names appear in the schedule);
- (b) prescribed Benzodiazepine preparations in amounts excessive by recognised therapeutic standards of what was proper or medically appropriate in the circumstances and failed to exercise proper professional control over the supply of such drugs when you knew or ought to have known that the drugs were being or were likely to be misused;
- (c) issued prescriptions for a prescribed restricted substance other than for the supply of the substance for use in the course of medical treatment in contravention of regulations 23(2)(c)(i) pursuant to the Poisons Act 1966 as amended;
- (d) failed to keep and/or heed proper records of prescriptions and reports of consumption of Benzodiazepine drugs by the patient;
- (e) failed to refer or obtain specialist opinion in respect of the patient after six months of continual prescription and supply of Benzodiazepine preparations;
- (f) advised the patient to consume 7 per day Rohypnol tablets and 5 per day Normison capsules;
- (g) advised the patient to consume quantities of Benzodiazepine preparations contrary to prescribing directions advised by you to the dispensing pharmacist;
- (h) prescribed, supplied and advised consumption of Rohypnol and Normison in conjunction and in large quantities; and
- (i) supplied excessive quantities of Benzodiazepine preparations to the patient direct.

In relation to complaint 1 the respondent admits particulars

(a), (c), (e), (g), (h), (1), (m), (s).

The respondent also

doesn't dispute particulars (v) and (w) but said they were repetitive of matters already alleged in the particulars.

In relation to particular (b) the Tribunal is not satisfied to the requisite degree that the respondent failed to determine the patient's RH factor and is satisfied on the balance of probabilities that he was aware of that factor from the previous termination. In relation to particular (d) the Tribunal is satisfied that the respondent failed to take a proper history in relation to the pregnancy and finds this particular established. The Tribunal is satisfied that the respondent did not ascertain whether the patient had been counselled nor did he offer counselling concerning the decision to terminate the pregnancy nor did he provide, offer or procure counselling as to future contraception. In the circumstances of this particular case the Tribunal is not satisfied that the failure to so act constitutes professional misconduct.

The Tribunal is satisfied that particulars (i) and (j) have been established but is not satisfied to the requisite degree that particular (k) has been established.

The Tribunal is also not satisfied that particulars (n) and (o) have been established. The Tribunal is satisfied that bruising and a 2 cm laceration of the patient's fourchette did occur during the attempted surgical termination of pregnancy but is not satisfied that this constitutes professional misconduct. The Tribunal is also satisfied that particular (u) has been established, namely that the respondent used inappropriate instruments during the attempted termination of the pregnancy.

The circumstances giving rise to this complaint are as follows. Ms Carter had had a previous termination performed by the respondent on 20th April, 1989, this termination was without complications and although an appointment was made by the respondent to counsel Ms Carter in relation to contraception, she failed to keep this appointment and in fact did not contact him again until the termination the subject of these proceedings.

Ms Carter alleged that she had been raped and contacted the respondent by phone seeking to have the resulting pregnancy terminated. She declined to visit the doctor prior to the operation claiming she could not afford the time off work and the respondent accepted this situation and arranged for her to attend the surgery on 23rd November, 1989 for the purpose of terminating that pregnancy. She attended the surgery at approximately 8.30 that morning and the procedure was embarked upon at approximately 10.30 am. No further history was obtained and the only examination performed before the anaesthetic was administered was that of an external abdominal examination. In the Tribunal's view that examination should have alerted the respondent to the fact that this may be a second trimester pregnancy but the Tribunal accepts the view expressed by Dr Brodie, an acknowledged expert in this field, that such an error would not attract his disapproval because even he with all his experience has made similar mistakes.

After the anaesthetic was administered the respondent commenced upon the termination and was confronted with a second trimester pregnancy and instead of desisting at that point,

continued the procedure and it was here that he made a very serious error of judgment. He admits himself that he did not have the competence nor the experience to deal with such a pregnancy and it is clear from the evidence, particularly that of Dr Brodie, that he did not have the appropriate equipment to deal with such a situation. Ms Carter commenced bleeding during the operation and the respondent has said that he observed blood stained liquid and that he attempted to correct this bleeding and it seems likely that this was exacerbated by his use of the substance Halothane as part of the anaesthetic mixture.

After some time Ms Carter was resuscitated and it was explained to her by the respondent that the procedure had not been completed and that he the respondent proposed to try again to complete the operation. She was again anaesthetised, further attempts were made, further foetal substances were removed from the womb but again he was unable to complete the procedure and she persisted with bleeding and in fact by the time she ultimately arrived at Campbelltown Hospital it was estimated that she had lost half her blood volume.

The Tribunal is satisfied that the respondent did endeavour to persuade Ms Carter to go to hospital when he resuscitated her the first time and is satisfied that she declined to go. Upon her being resuscitated for the second time, she did consent to go to hospital but the Tribunal cannot determine whether Campbelltown Hospital was the decision of the doctor or was the only hospital to which Ms Carter would consent to be taken. Having obtained her consent to be admitted to hospital the

respondent arranged for an ambulance to attend but the Tribunal is satisfied that he did not make the ambulance officers aware of the gravity of the situation and did not, as he should have, arrange for an intensive care ambulance to deal with situation. The respondent admits that he wrote a false letter of referral to the hospital, he says at the patient's insistence, but in the view of the Tribunal this indicates a failure on the respondent's part to appreciate his obligations in such a situation.

As Dr Brodie said "once he had made the initial error everything he did thereafter compounded error upon error".

The Tribunal is satisfied to the requisite degree that the conduct of the respondent on this occasion fell far short of acceptable medical practice and of itself does constitute professional misconduct. The respondent in explanation of his conduct says that he was not well on that particular occasion, that he had been under a great deal of stress. All the Tribunal will say in relation to that is if that were the situation he should not have embarked upon any procedures that day. He further says that his natural judgment was overborne by his compassion for Ms Carter, being a rape victim with an unwanted pregnancy. Again this would indicate to the Tribunal a lack of professional objectivity which is of course an essential factor in the practice of medicine. The Tribunal regards this failure to comply with acceptable medical standards on this occasion very seriously and reprimands the respondent in the strongest possible terms.

On the first day of the hearing the respondent, through his counsel, made application for a suppression order in relation to his name, the Tribunal refused. The proceedings thereafter attracted a great deal of publicity in all areas of the media - television, radio and newspaper and it is significant to the Tribunal that no application has been made by the Complaints Unit to amend the particulars by adding fresh complaints. The Tribunal under those circumstances regards this as an isolated incident and the respondent has given evidence that this was the only such incident in his practice of terminating pregnancies or any other operative procedures which he has performed since 1984 and the Tribunal takes the view that one such instance in a career does not justify the removal of the respondent's name from the Register of Medical Practitioners nor call upon it to impose a period of suspension.

Complaint 2 deals with the employment of Sohair Zaki Goubran Ayoub in the respondent's practice.

Mrs Ayoub, the Tribunal is satisfied, was a legally qualified medical practitioner in Egypt but during the relevant time she was not registered as a medical practitioner in New South Wales, in fact she has now become a registered medical practitioner in this state. There is no dispute that Mrs Ayoub worked in the practice during the period alleged and that during that period she saw some 2,000 to 3,000 patients. The respondent's evidence is that she was employed in an administrative capacity and that in part payment for this work she was given clinical experience under the guidance of the

respondent, that is she saw patients with the respondent or before the respondent saw them or on occasions after the respondent saw them. She was also present on the premises when there was no other medical practitioner there. There is no doubt that she did write prescriptions which were signed by the respondent. The wages book which was tendered in evidence shows that at some stages she was described as Dr Ayoub and she was known as such by the lay staff in the practice.

The Tribunal is satisfied that particular (a) has been made out and that this constitutes a serious breach of medical ethics which the community, the profession and this Tribunal will not tolerate and indicates to the Tribunal that the respondent was not fully aware of his responsibilities to the public and his profession.

Complaint 3 deals with the allegation that he allowed Mrs Ayoub to work in the role of a general practitioner, knowing that she was not a registered medical practitioner, and that she was holding herself out to patients as being a registered medical practitioner. The Tribunal is not satisfied to the requisite degree that the evidence supports this particular. The only patients called were Mrs Keeley and Ms Palmer, Mrs Keeley saw Mrs Ayoub in relation to an infection in her finger which continued after operative procedures performed by the respondent and the Tribunal is satisfied on the evidence that what happened there was that Mrs Ayoub contacted the respondent who told her to tell Mrs Keeley to continue with the antibiotics. Mrs Keeley further stated that when she rang the surgery in relation to her husband,

who was vomiting blood, Mrs Ayoub said she should take him to hospital or to see the doctor on the Monday as she could not come. Ms Palmer gave evidence that Mrs Ayoub did treat her for a pain in the chest when she, Ms Palmer, was working in the surgery during the weekend.

There is no doubt that Mrs Ayoub did see patients and as the Tribunal has stated it is satisfied that complaint 2 has been made out but it is not satisfied on the evidence before it that she was holding herself to patients as being a registered medical practitioner.

Complaint 4 relates to employment of Said Mohareb, alleging that the respondent employed Mr Mohareb in similar circumstances to Mrs Ayoub. The Tribunal is satisfied on the evidence that this complaint has been established on the statement in evidence of Mr Cox from the Pharmacy Board and also from the respondent's evidence and statement tendered. The Tribunal repeats the comments it made in relation to Mrs Ayoub and the Tribunal is satisfied that that complaint has been made out and that it does constitute professional misconduct and again reprimands the respondent in relation to this conduct.

Complaint 5 relates to Mr Mohareb holding himself out as being a registered medical practitioner. As in the case of Mrs Ayoub, the Tribunal is not satisfied on the evidence that this particular has been made out.

Complaint 6 relates to the practice of the respondent in the administering of anaesthesia, sedation and the carrying out of surgical operations and manipulations. The Tribunal is satisfied that this complaint has been made out. It is clear on the evidence that the respondent on occasions both administered anaesthetics and performed operative procedures unassisted by another medical practitioner and the Tribunal is also satisfied that untrained staff were used in the monitoring of patients under anaesthetic and in the recovery room. The respondent does not seriously dispute these allegations but says that the assistance rendered by the untrained staff in the monitoring of patients was only spasmodic and occasional, the Tribunal is satisfied on the evidence that the use of untrained staff in this regard is more extensive than the respondent is prepared to admit and is satisfied that this practice of the respondent does not conform with accepted medical practice and finds that it is professional misconduct.

The Tribunal is not satisfied that the respondent failed to wear sterile surgical garb although it is satisfied that he failed to obtain the consent of the patients and he failed to have the recovery area properly supervised by a registered nurse or suitably trained people.

As has been stated earlier, the respondent had been performing this type of procedure under these conditions since 1984 and his evidence is, and there is certainly no evidence to the contrary, that no instances of morbidity or mortality have occurred as a result of the administration of anaesthetics nor

the performance of these procedures apart from the case of Ms Carter. It is apparent to the Tribunal that the procedures performed by the respondent are relatively simple and that the means of anaesthetising was such that patients could be readily aroused and although the respondent's practices attract the disapproval of the profession and of this Tribunal, it cannot be said that members of the public were in fact at risk. The Tribunal is satisfied that this complaint has been made out and that it also constitutes professional misconduct.

Complaint 7 relates to Joanne Rhonda Palmer and alleges that the respondent improperly and negligently prescribed Benzodiazepine preparations. Ms Palmer had been employed at the practice at some stage and attended the respondent in relation to a problem with her jaw. The respondent manipulated the jaw under anaesthetic and prescribed for her Normison and Rohypnol because of her alleged inability to sleep. She continued to attend the surgery and was mainly seen by the respondent and also Dr Lim and Professor Sivanesen on one occasion and on these occasions she was prescribed Benzodiazepine preparations.

It is clear in retrospect that she became addicted to these substances and in fact was admitted to Canterbury Hospital on 25th November, 1989 two days after her last consultation with the respondent. It is clear on the evidence that on occasions Ms Palmer alleged that either her prescription had been lost or her drugs had been stolen, though the prescription allegedly lost had been dispensed. She also agrees that she may have been attending other doctors for the purpose of obtaining these

substances whilst she was attending the respondent. Her memory of this period is not good as she freely admits and her evidence is clearly in conflict with the history allegedly given whilst in Canterbury Hospital. This is no criticism of Ms Palmer but merely indicates that over the relevant period her memory is suspect.

It is clear on the evidence that the respondent began to suspect at least in September that Ms Palmer might be abusing the medication and on 23rd November, 1989 his notes record "? addicted MWC/Detox" and it is common ground that when the respondent saw Ms Palmer on 23rd November he suggested to her that she attend a detoxification unit. This she declined to do stating that she didn't have a problem. He again endeavoured to persuade her to do this and when she stated that she couldn't afford it because of the rent she was paying, it is common ground that he offered to pay the rent for her if she would go into the detoxification unit, she still declined. He prescribed more tablets knowing that she had abused the substances the day before but his evidence is that he was then putting her on a withdrawal program and gave her a treatment sheet showing the number of tablets she should take each day gradually lessening the dose. Ms Palmer agrees that she was given a sheet of paper which she sent to the Complaints Unit but apparently that document has been lost and the Tribunal is satisfied on the balance of probabilities that the original of the document tendered in evidence was in fact given to Ms Palmer. Ms Palmer says that she rang the next day and asked the doctor whether he was serious about paying her rent, he said he was, she said she would come

around to collect the money and he said no, get the real-estate agent to contact me and I will fix up the rent. Shortly after this the overdose occurred.

The continuing supply of these substances was at Ms Palmer's request, on the basis that she was in pain from her jaw, it is noted that she was referred to the Dental Hospital for further treatment but the evidence doesn't disclose whether she followed that up or not. The Tribunal, one member of which is a general practitioner, is not satisfied to the requisite degree that what the respondent did in relation to the prescription of these substances to Ms Palmer does constitute professional misconduct and this ground of complaint is not made out.

The Tribunal has given due consideration to the evidence and the reports of Dr G Brodie, Dr A Lim, Dr J Georghy, Professor T Torda, Dr E Fisher and Dr M Tarlinton and has made use of that material in coming to the decisions already expressed. The Tribunal is not satisfied that it is a matter of professional misconduct for a legally qualified medical practitioner to administer anaesthetic. It is the Tribunal's view that a legally qualified medical practitioner can perform all medical services within his or her competence, it is trite to say that if a doctor acts beyond that competence that he or she may become liable to the provisions of the criminal and/or civil law.

The respondent has been in private practice since 1982 and has performed day surgery procedures in his surgery since 1984 and as already stated the matters of complaint before this

Tribunal appear to be the only complaints made against him, as stated, this matter has received wide publicity and there is no suggestion to date that any further complaints have been received and on that basis the Tribunal feels relatively confident that Ms Carter's case has been the only misadventure in that period. It is clear from the curriculum vitae tendered by the respondent that he has had experience albeit not specialist qualifications in obstetrics/gynaecology and in the administering of anaesthetics, he has also had the practical experience of the last 8 years.

Since June 1991 he has been in new premises at Bankstown, these are more commodious than the previous surgery at Belmore and it is clear that it is operated as a general clinic and staffed by several doctors.

The Tribunal indicated to counsel when it reserved its decision that it would hand down its decision on Thursday, 10th December and include in that decision the orders it proposed to make subject to hearing submissions from counsel on Monday, 14th December. The proposed orders are as follows:

Complaint 1

Complaint established. The Tribunal finds the respondent guilty of professional misconduct within the meaning of the Act and reprimands the respondent and imposes a fine of \$8,000.

Complaint 2

The Tribunal finds this complaint established and is satisfied that it does constitute professional misconduct within the meaning of the Act and imposes a fine of \$8,000.

Complaint 3

The Tribunal is not satisfied on the evidence that this complaint has been made out.

Complaint 4

The Tribunal is satisfied that this complaint has been established and it does constitute professional misconduct and imposes a fine of \$3,000.

Complaint 5

The Tribunal is not satisfied on the evidence that this complaint has been made out.

Complaint 6

The Tribunal is satisfied that this complaint has been made out and that it does constitute professional misconduct and imposes a fine of \$6,000.

Complaint 7

The Tribunal is not satisfied that this complaint has been made out.

The Tribunal would impose the following conditions on the respondent's right to continue in practice:

1. A register of operative and anaesthetic procedures to be kept and to contain such information as is required by the Medical Board.
2. The recovery area to comply with the standards laid down in "Report and Recommendations on Day Surgery" September 1991, Appendix C "Recovery Area" paragraphs 6.1 - 6.9 inclusive. Which is annexed to Professor Torda's report.
3. No anaesthetics are to be administered to babies or children without paediatric trained and experienced staff and proper paediatric equipment.
4. Two registered medical practitioners to be in attendance in the procedures room at all times while procedures are being performed.
5. Only a registered medical practitioner to monitor anaesthetics.
6. The recovery area to be supervised continuously whilst patients are there by registered nurses and/or registered medical practitioners only.
7. Only trained medical or nursing personnel to be engaged in, procedure and/or recovery room.

8. No second trimester terminations to be performed - the onus is on the respondent to ensure that no such procedures are commenced in the clinic.
9. No prescription drugs to be supplied from the practice, prescriptions to be dispensed by pharmacists.
10. No persons with overseas medical qualifications to be employed in the clinic whilst unregistered in New South Wales without prior written permission of the Medical Board being obtained.

The respondent is to pay the Complaints unit ,s costs of these proceedings such costs to be assessed or in default thereof to be taxed on the scale applicable to the extended jurisdiction of the District Court.

The Tribunal would allow 8 months for the payment of the fines imposed, such fines to be paid to the Medical Board.

MEDICAL TRIBUNAL OF NEW SOUTH WALES

DEPUTY CHAIRPERSON:

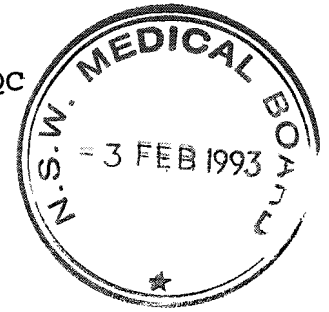
JUDGE J G SMYTH QC

MEMBERS:

DR J GREENWELL

DR J GAMBRILL

MS A COLLIER



RE: DR EDMOND EDWARD EDMOND AND THE MEDICAL PRACTITIONERS' ACT

ADDITIONAL AND AMENDED ORDERS

14th December 1992

HIS HONOUR: The Tribunal has listened to the submissions made it. It understands the force of the submission from the Complaints Unit as to suspension but for the reasons it has already stated it does not propose to take that course.

In relation to the conditions of practice the Tribunal agrees that condition 7 should be amended by inserting the words, "and registered" immediately after the word "trained".

The Tribunal does not propose to alter the wording of condition 10.

The Tribunal is prepared to make these additional conditions:

Clause 7a

The Practitioner shall keep a record of the names, addresses and qualifications of all persons working at premises from which he carries on practice as a medical practitioner.

Clause 11

The Practitioner shall provide to the Medical Board quarterly reports, the first such report on or before 1st April, 1993, of all matters required by these conditions to be recorded in such form as the Board shall require. This condition is to continue until 31st December 1995.

Clause 12

The Practitioner shall admit and cause to be admitted to any premises from which he carries on practice as a medical practitioner during normal surgery hours any person authorised by the Medical Board to carry out such inspection as that person shall deem necessary to satisfy the Board that the Practitioner is complying with the conditions imposed on him by the Medical Tribunal and with any legislation relating to the operation of such medical practice.

The limitation upon the right of the Board to make such inspections is that such inspections are not to occur more than once in three months.

FINAL ORDERS

The Tribunal imposed the following conditions on Dr Edmond's right to continue in practising medicine in New South Wales.

1. A register of operative and anaesthetic procedures to be kept and to contain such information as is required by the Medical Board.
2. The recovery area to comply with the standards laid down in "Report and Recommendations on Day Surgery" September 1991. Appendix C "Recovery Area" paragraphs 6.1 - 6.9 inclusive, which is annexed to Professor Torda's report.
3. No anaesthetics are to be administered to babies or children without paediatric trained and experienced staff and proper paediatric equipment
4. Two registered medical practitioners to be in attendance in the procedures room at all times while procedures are being performed.
5. Only a registered medical practitioner to monitor anaesthetics.
6. The recovery area to be supervised continuously whilst patients are there by registered nurses and/or registered medical practitioners only.
7. Only trained and registered medical or nursing personnel to be engaged in procedure and/or recovery room.
8. The practitioner shall keep a record of the names, addresses and qualifications of all persons working at premises from which he carries on practice as a medical practitioner.
9. No second trimester terminations to be performed - the onus is on the respondent to ensure that no such procedures are commenced in the clinic.
10. No prescription drugs to be supplied from the practice, prescriptions to be dispensed by pharmacists.
11. No persons with overseas medical qualifications to be employed in the clinic whilst unregistered in New South Wales without prior written permission of the Medical Board being obtained.
12. The practitioner shall provided to the Medical Board quarterly reports of all matters required by these conditions to be recorded in such form as the Board shall require. First report to be submitted on or before April 1993 until 31 December 1995.
13. The practitioner shall admit and cause to be admitted to any premises from which he carries on practice as a medical practitioner during normal surgery hours any person authorised by the Medical Board to carry out such inspection as that person shall deem necessary to satisfy the Board that the practitioner is complying with the conditions imposed on him by the Medical Tribunal and with any legislation relating to the operation of such a medical practice. Such inspections not to occur more frequently than once every 3 months.

