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7th June 2007

Mr Paul Philip
Director of Standards and Fitness to Practice
General Medical Council
Regents Place
350 Euston Road
London NW1 3JN

Dear Mr Philip

I would be grateful if you could personally supervise the investigation of the enclosed complaint in order to ensure a proper, transparent inquiry is carried out.

You will see that I have complained previously about Lord Professor Winston but the GMC failed to investigate because of what appears to have been a major fault line in the complaints screening process. I am deeply concerned by this. I am enclosing relevant copies of correspondence which will clarify the situation.

Please see my 2000 complaint for full details.

Irrespective of any previous handling fault lines the GMC must be seen to take this new complaint seriously, and investigate each issue properly and transparently. More so because you will see this represents a most exceptional situation. Anything less than this will be seen as a breach of statutory obligations, reflect poorly on the General Medical Council's fitness for purpose, and be a grave disservice to the patient concerned who is unlikely to know how she has been abused and her reproductive career destroyed.

Thank you,

Yours sincerely



Jack Gilliat MB MRCP MRCOG DipObs
Consultant Physician

c.c. Mr Finlay Scott, Chief Executive,

This is a new complaint regarding Lord Professor Maurice Lipson Winston

Introduction

You will be aware that I first forwarded a complaint concerning Lord Professor Robert Winston in 1991 but this was rejected out of hand by the screener without investigation. The screener's rejection letter made it quite clear that the only matter considered by the screener was the issue of defamation, concerning which he considered Lord Professor Robert Winston was entitled to 'free speech'. I won an out of court settlement action for defamation against Winston et al, in 2000.

Any apparent generalisations in the following sections are based on specific Evidences enclosed within my 2000 complaint which must be read in conjunction with this.

Contents

- How the General Medical Council erred in handling my previous 2000 and 2004 complaints.
- Guidance on Good Practice Guide – outline of some transgressions of the guide
- Summary
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How the General Medical Council erred in handling my previous 2000 and 2004 complaints

2000 Complaint

I wrote to the GMC again in 2000 following rejection of my 1991 complaint. This was a new complaint dealing with entirely different areas of professional misconduct. I provided multiples new, definitive evidences to justify the completely new complaint. To my astonishment the new complaint was rejected without investigation by the GMC. The reason for rejection was explicit; - the complaint was considered as precisely the same as the 1991 complaint, though this assertion was quite wrong. For example, I quote from the 2000 rejection letter as follows; -

“...from the documents that you have supplied it would appear that your-current complaint is substantially the same as the one that you made in 1991 which was subject of a no action decision by the screener. Given these facts it is not now open to the GMC to re-consider your complaint, notwithstanding any fresh evidence.”

- No, it was not **“substantially the same as the one that you made in 1991”**. This was a completely different complaint. Comparison with the 1991 complaint was wrong. Moreover, the phrase;- **“it is not now open to the GMC to re-consider your complaint** (my underlining)”,

is redundant;- I had not presented my 2000 complaint as a request for reconsideration of my 1991 complaint.

“I understand that you believe that your 1991 complaint was not fully answered in the letter sent to you by the GMC. The fact that the letter did not address each issue individually however does not mean that they were not considered. There is nothing to indicate that the screeners misunderstood or ignored any of the matters you raised.”

- The phrase **“There is nothing to indicate that the screeners misunderstood or ignored any of the matters you raised.”** is an unsubstantiated supposition;- What **“matters”** are being referred to exactly? The 1991 rejection letter sent by the GMC made it clear that no other issue was considered other than defamation. It is meaningless to somehow extrapolate from this that the GMC, somehow, considered **“each issue individually”** without specifying exactly what issues. Thus, the GMC did not consider other issues, other than defamation, unless the GMC can provide proof to the contrary.

2004 Complaint

I wrote again in 2004. This time I pointed out the fallacy of the GMC’s decision in 2000-1, as the 2000 complaint emphasised aspects of gross professional misconduct not previously presented to the GMC. More specifically, I enumerated at least 13 different, new, instances of gross professional misconduct. I believe the gravity of each of them, individually, merited investigation by the GMC. Yet again, the GMC’s reply was merely to reiterate the GMC’s erroneous contention that it had looked into my previous complaints. More specifically I quote from the 2004 GMC rejection as follows; -

“I understand you initially complained to the GMC in 1991 and again in 2000 raising your concerns about comments made by Lord Winston in a television programme. We wrote to you on 20 April 2001 to confirm that no action decisions made by a screener or the Preliminary Proceedings Committee are final, subject to rule 14 and your complaint could not therefore be re-opened.”

- No! I lodged the 2000 complaint because of multiple new complaints of Winston’s gross professional misconduct – not because of **“concerns about comments made by Lord Winston in a television programme”**. Indeed, the 1991 complaint did feature Winston’s comments/disparagement, but it was not central to my 2001 complaint. It was therefore incorrect to lump my 1991 and 2000 complaints together in respect of Winston’s **“comments”**. Also, the 2nd sentence is a non sequitur as the cornerstone of my 2004 complaint had not been based on relying on the GMC to **“re-open”** my 1991 complaint, though had asked the GMC to reconsider the issue of disparagement as a side issue given that Winston et al had settled out of court.

“I have taken further legal advice following your recent correspondence and confirm that our position is unchanged and we would reiterate the comments made in our letter of 20 April 2001. The correspondence you have now submitted raises substantially the same issues as raised in your previous complaints and we therefore are unable to re-consider this matter.”

- This is an irrelevant, circular argument given that the GMC's 2004 decision refers back to the 2001 decision but this, in itself, was based on the 1991 decision – whereas my 2000 complaint presented multiple new complaints unconnected to the 1991 complaint. Please explain which of the 13 new complaints (a to m) **“raises substantially the same issues as raised in your previous complaints”**? Your assertion is mistaken. These were new complaints. Accordingly, your conclusion that you **“therefore are unable to re-consider this matter”** was illogical and erroneous – the new complaints did not require you to “re-consider” anything but to investigate the new complaints/Evidences. The word “re-consider” merely reinforces your attitude that my complaints were the same as the 1991 complaint.

I also note that you settled your claim for defamation by consent out of court on 3 May 2000 when the Defendants paid you the sum of £45,000 in full and final settlement. The consent order also includes an agreed statement which was read out in open court confirming,

'It was not Lord Winston's intention to make any comments about Dr Glatt and he genuinely regrets any contrary impression that was given in the programme.

The programme makers associate themselves with Lord Winston's position and acknowledge that the whole of the programme and its rebroadcasts caused Dr Glatt considerable distress and embarrassment. In recognition of that, they have agreed to pay Dr Glatt an appropriate sum in compensation and his legal costs.'

As you have formally agreed with the above it would follow that you have accepted Lord Winston's statement.

In the circumstances I confirm that this matter is now closed.”.....

- No, the matter (my multiple new 2000 and 2004 complaints) had never been opened or examined in the first place, let alone “closed”. Also, the 2000 court settlement in my favour has no relevance in respect of my 2000 and 2004 complaints. It merely demonstrates the GMC's decision denying disparagement in 1991 was incorrect.

My 2004 complaint listed 13 major areas of gross professional misconduct, but does not exclude others, as follows;-

- a) **1 Invasion of Privacy and Secret Journalist Presence**
- b) **2 Deception and Falsification of Hospital Medical Records**
- c) **3 Deliberately Misleading the GP**
- d) **4 Failure to Communicate with Me Properly**

- e) **5 HSG Rushed Through on Behalf of the TV Company**
- f) **6 Honesty and Trustworthiness in Providing Evidence in Litigation**
- g) **7 Improper Medical Consent/Assault**
- h) **8 Further Patient Deception re Uterine Adhesions**
- i) **9 Breach of Patient Trust**
- j) **10 Frame-up**
- k) **11 Deliberately Harming a Patient**
- l) **12 Lying**
- l) **13 Improper Complaints Procedure**

Guidance on Good Practice

The GMC's Guidance on Good Practice show that the following principles have been breached (the principles are detailed at length in the 2000 complaint), and I preserve the Guidance numbering system, as follows; -

2. Good clinical care must include:

- a. adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient
- b. providing or arranging advice, investigations or treatment where necessary
 - The first consultation history was perfunctory and there was no examination. The assessment was inadequate given this and the failure to contact the 2 specialists who had undertaken specific investigations (laparoscopy, hysterosalpingogram uterine X-ray, hysteroscopy visual inspection of uterine cavity), without knowledge of which relevant details it was impossible to give proper advice re diagnosis and treatment. Repeat investigations were arranged on the basis of a false diagnosis. They may not necessarily have been indicated and fully informed consent could not have been given in the framework of false advice.

3. In providing care you must:

- a.
- b. prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- c. provide effective treatments based on the best available evidence
- d.
- e.
- f. keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment
- g. make records at the same time as the events you are recording or as soon as possible afterwards
- h.
- i. consult and take advice from colleagues, where appropriate;

- a) and b) Treatment was not prescribed– in fact, active subfertility treatment was withheld for over 1 year despite reproductive age demanding active management.
- f) there is no record of treatment being discussed, or relevant information given to the patient or GP. Notes make no mention of appropriate investigations for multiple miscarriages. The records were not clear or accurate but were deliberately designed to mislead by falsification, and concealment of information; - Winston's plan to perform his own uterine X-rays arranged via Hammersmith Hospital, and the results thereof, were concealed from the medical record. However, the patient was verbally advised she had a congenital uterine septum on the basis of these X-rays whereas the only radiologist description shows no significant uterine abnormality. The notes make no mention of discussion of alleged diagnosis with the patient at the time, despite 'referring' her to make a false complaint to a TV programme with which Winston was already heavily associated and in which he also appeared.

Winston also concealed the Royal Northern Hospital's uterine X-rays (which also showed a uterus without significant pathology according to a radiologist report and the infertility consultant's witness statement) and the phone conversation with the infertility consultant regarding them.

Records were forged with the first and only record of a uterine septum - written in Winston's own hand writing. The entry was made on a Sunday, approximately 6 months after the latest test at the Hospital and divorced from a patient consultation by as many months if not more. The GP was never advised of this 'diagnosis'.

About a year after alleging a 'uterine septum', Winston then made a different diagnosis – that of massive 'uterine adhesions'. None of her previous uterine investigations had previously shown this and Winston did not record any explanation. This new diagnosis was therefore, also fraudulent beyond reasonable doubt. Furthermore, the patient wrote that Winston advised her she would need 5 further operative procedures prior to consideration of fertility treatment on the basis of the alleged massive 'uterine adhesions'. This was astonishing,

unwarranted advice yet Winston had not made record of it in the notes.

- j) Winston did not consult with relevant colleagues for details of relevant investigations – myself or Mr Dutt - prior to making alleged diagnosis.

Good clinical care

Decisions about access to medical care – paragraphs 7-10

7. The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options....
- 8.
9. You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within your power....
10. All patients are entitled to care and treatment to meet their clinical needs....
 - Improper, dishonest assessment and investigations. The TV company wrote that the uterine X-ray was specifically performed on the TV company's behalf implying it was not necessarily in the patient's interest or medically indicated – she had one done previously. Repeated investigations were done to mislead the patient rather than for clinical needs based on a false diagnosis of septum, during which time (1 year) no specific fertility treatment was provided. This was testimony that medical care was not arranged to meet clinical needs. The patient eventually sought adoption on the basis of an invented diagnosis, and absence of appropriate treatment.

The doctor-patient partnership – paragraphs 20-21

20. Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.
21. To fulfil your role in the doctor-patient partnership you must:
 - a. be polite, considerate and honest
 - b. treat patients with dignity
 - c. treat each patient as an individual
 - d. respect patients' privacy and right to confidentiality
 - e.
 - f. encourage patients who have knowledge about their condition to use this when they are making decisions about their care.
 - a) Dishonest. Mal fides throughout.
 - c) This patient was not treated as an individual but as a tool with which to destroy a colleague.
 - d) Privacy and confidentiality invaded by secret presence of a TV journalist throughout 1st consultation.

Good communication – paragraphs 22-23

22. To communicate effectively you must:
- a.
 - b. share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties
 - c. respond to patients' questions and keep them informed about the progress of their care.
- false information so all of b) and c) transgressed.

Maintaining trust in the profession – paragraphs 32-35

32. You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.
- Improper emotional relationship? Patient believes in Winston entirely, and is likely to be a hostile witness.

Consent – paragraph 36

36. You must be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. Usually this will involve providing information to patients in a way they can understand, before asking for their consent. You must follow the guidance in *Seeking patients' consent*
- Invalid consent for the 2 operative investigations under anaesthetic at Hammersmith Hospital; - patient consented under false information of a congenital uterine abnormality.

Confidentiality – paragraph 37

37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died.
- A TV journalist was present throughout the first consultation without the patient's knowledge.

Working in teams – paragraphs 41-42

41. Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:
- a. respect the skills and contributions of your colleagues
 - b. communicate effectively with colleagues within and outside the team.

- (Deliberately) failed to communicate appropriately outside the team at the right time – The Infertility consultant at Royal Northern Hospital, myself, or the GP.

Conduct and performance of colleagues – paragraphs 43-45

43. You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.
44. If there are no appropriate local systems, or local systems do not resolve the problem, and you are still concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation, or the GMC for advice.
 - Patient safety not respected as exposed to potentially harmful operative procedures for improper indications
 - Lord Professor Robert Winston chose to send the patient to complain to a TV company, with which he was already associated, about a colleague's alleged bad conduct and performance within 2 days of her 1st consultation with him. He did not suggest far more appropriate means of complaint procedure – such as the patient contacting me, or my clinic, or GP, the referring consultant, local area health authority, health ombudsman, patient support group, citizen' advice bureau, solicitor, etc... In fact, Lord Professor Robert Winston could have made these initial contacts himself if he had genuine concern.

Working with colleagues

Respect for colleagues – paragraphs 46-47

46. You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.
47. You must not make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.
 - Lord Professor Robert Winston abrogated both these paragraphs as extensive Evidences show. See 2000 complaint
 -

Sharing information with colleagues – paragraphs 50-53

50. Sharing information with other healthcare professionals is important for safe and effective patient care.

51. If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.

- Communication with the GP was abysmal. Lord Professor Robert Winston thought it appropriate to send the patient to the TV programme to complain about me but the GP was not informed of any concern whatsoever. The GP was not informed of Winston's performance, or the results, of secret uterine X-rays or the alleged diagnosis of congenital uterine abnormality. Other communications were characterised by extreme paucity of information such that it would not have been possible for the GP to know or realistically understand what was going on in terms of investigations, interpretation of results, or intended management.

Being honest and trustworthy – paragraphs 56-59

56. Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.

57. You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.

- 56) Lord Professor Robert Winston lied to the media, British Medical Journal (tens of thousands of doctors who read his letter were lied to), and most of all, the patient. He has still not informed the patient about the true results and status of her uterus as far as I know. His actions were not honest and trustworthy, and lacked integrity.
- 57) He abused the patient's trust by lying to her, using her for his own selfish interest in order to destroy my reputation, and brought the reputation of the medical profession into disrepute.

Writing reports and CVs, giving evidence and signing documents – paragraphs 63-69

63. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.

64.

65. You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.

66.

67.

68. If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.

- Medical documents/records dishonest

- Witness statement dishonest.
- Letter to TV company dishonest

Probity

Conflicts of interest – paragraphs 74-76

74. You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. ...

- Complete lack of probity in providing treatment or care, as above
- Winston directed the patient to complain about me to a TV programme only 2 days after his 1st consultation with her, having deliberately primed her with an invented diagnosis of congenital uterine septum, knowing this would ruin my reputation. This was a programme with which he was already heavily involved, and for which he acted as medical advisor, and he personally appeared on the programme. Winston did not act in the patient's best interests; there was a conflict of interests; he did not behave with probity.
- Destruction of a colleague's reputation in such a manner is extraordinary professional misconduct. This method of complaining about a colleague's management of a particular patient – shopping the colleague to the media and doing so in secret - cannot be condoned by the GMC.

Summary

I am presenting a new complaint about Lord Professor Robert Winston.

The reason for doing so at this time is the GMC have erred in treating my 2000 complaint, and my 2004 complaint, as a re-consideration of my 1991 complaint. Each GMC rejection letter, as analysed above, specifically explained that it considered these two complaints were requests for re-consideration of my 1991 complaint when this was never the case. The GMC rejection letters made no mention or reference to any aspect of my multiple new complaints. Accordingly I have presented this new complaint and would like to emphasise that it is not related to the 1991 complaint. Thus there have been multiple breaches of the GMC's Good Medical Practice guide though I have not gone into detail, as this is to be found in my 2000 complaint, and the guide itself is not meant to be all encompassing. I have referred to at least 13 new areas of gross professional misconduct which are detailed in my 2000 complaint and summarised in the body of my 2004 complaint.

I have shown how some of these complaints relate to specific sections of the GMC's Good Medical Practice guidelines.

Conclusion

This is a new complaint regarding Lord Professor Robert Maurice Lipson Winston, unrelated to my 1991 complaint. The GMC is under statutory obligation to investigate the enclosed examples of gross professional misconduct. Otherwise, in the public interest, I would have to bring the whole matter to public attention and point out the GMC's abrogation of its public duty either due to Lord Winston's stature and influence, or major fault lines in the GMC's own due processes, or corruption.

My complaints against Lord Professor Robert Winston are extremely serious.

Winston advised the patient, to complain to a TV programme only 2 days after her 1st consultation knowing my reputation – a rival in the same field as Winston - would be publicly destroyed on the basis his invented diagnosis allegedly based on his X-ray of her uterus - the details of which were kept secret from the medical records and her GP – but which, in fact, did not show any significant uterine pathology. I have evidence for the following; - malice, failure to make the care of the patient his first concern, failure to respect confidentiality and privacy, dishonesty in terms of advising and treating the patient and dealing with colleagues as well as lying to the medical fraternity in his letter to the British Medical Journal. Lord Professor Robert Winston did not act openly or act with integrity but behaved in a manner to bring the profession into disrepute. Lord Professor Robert Winston concealed vital tests and results from the medical record in a deliberate attempt to mislead the patient, the media, and his colleagues to all of whom he lied. He deliberately misled the patient's GP and concealed vital aspects of medical information from her. He subjected this patient to repeat invasive investigations – some under general anaesthesia- all of which she had previously experienced elsewhere. Evidence shows she could not have been advised properly, or given properly informed consent regarding some of these procedures which therefore may have involved assault and battery, and she was exposed to unnecessary operative risk under false pretences. Lord Professor Robert Winston invented a major congenital disease diagnosis for her subfertility, when all investigations elsewhere and at his hospital showed this to be impossible and, on the contrary, the tests to the date of the TV programme showed no significant uterine pathology. Winston forged the medical record to support his stance

only when challenged by the media to justify himself. Whilst under his care for almost a year this patient was denied appropriate infertility treatment when she was already 39 years of age. This effectively destroyed her reproductive career and she eventually sought adoption under the mistaken impression of this severe, invented diagnosis. He expressed malicious and unfounded criticisms of my previous medical care and personal integrity so undermining the patient's trust and judgement of me. Lord Professor Robert Winston secreted a man into the 1st medical consultation without introducing him or explaining that he was a TV journalist. He did not contact the patient's previous medical specialists to seek details of their management and investigations without which it was impossible to have advised the patient properly.

These complaints highlight, but do not exclude other, main areas of concern. I ask you to contact Hammersmith Hospital directly to obtain a copy of their medical records.

The GMC correspondences, detailed herein, demonstrate the GMC was under the impression that the current complaints were part and parcel of my 1991 complaint and therefore did not investigate them. This misconception stands corrected by this letter. It is vital the GMC investigates this properly and transparently, in the public interest, by forwarding my complaint for formal investigation to a disciplinary investigation hearing. The GMC has a statutory duty to investigate Lord Professor Robert Winston for multiple instances of gross professional misconduct including medical records forgery, deliberately harming a patient with the intention of trying to destroy a colleague's reputation, and for disgracing the medical profession. There must be proper, transparent, investigation.

Please refer to my 2000 complaint for full details and the relevant Evidences which I have not enclosed herein to avoid unnecessary reduplication.

Yours sincerely

Jack Gilliat MRCP MRCOG DipObs
aka Jack Glatt

encl.

1991 GMC complaint rejection letter

2000 complaint

2001 GMC complaint rejection letter

2004 complaint

2004 GMC complaint rejection letter