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10th December 2004 **Final DEFINITIVE VERSION**

Fitness to Practice Committee
General Medical Council,
St John's Building
79 Oxford Street,
Manchester
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1. I wish the GMC to investigate Professor Lord Robert Winston regarding gross professional misconduct. In this context I have previously submitted relevant details to the GMC on two separate occasions – 1991 and Aug 2000. The current submission needs to include the previous two submissions and their associated correspondence.
2. In 1991, I provided more than enough evidence that gross professional misconduct had taken place but was astonished that the GMC did not investigate this properly. Indeed, it did not progress beyond the initial screener's phase so was not investigated by the Preliminary Proceedings Committee despite my demonstrating very serious multiple breaches of GMC guidelines in a manner that would not have been tolerated by any other professional body. I was even more surprised at the GMC's failure to investigate given the unusual circumstance of the complaint having been forwarded by another registered GMC registered physician (myself) rather than a lay person, or patient.
3. Evidence of additional serious gross professional misconduct was adduced in civil court action that I took against Winston and Central Television for defamation, which I won by virtue of the correspondents paying me damages in an out of court settlement in 2000. Accordingly I forwarded to the GMC relevant details in my second submission of Aug 2000, and included further details which reinforced my initial complaint of 1991 which I had included for reconsideration in my second submission. You have full details on record of all the Evidences and correspondence relating to this and will refer to the relevant numbered Evidences, as required, below.
4. The GMC's final response to the Aug 2000 submission was dated 20th April 2001, in which it again refused to investigate Winston. In respect of the 1991 submission which I had asked the GMC to reconsider at this time, the GMC reply of 20th April 2001 made the following curious comment:-

"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."
5. Thus the GMC declined to reconsider the 1991 complaint. However, the reasons for not doing so are mistaken. Please refer to the GMC decision of Aug 1991. It stated:-

"I am replying to your letters of 11th and 14th June, 1991 concerning Professor Winston. I have referred your correspondence to the Chairman of the Council's Preliminary Proceedings Committee who is a medical member of Council appointed to undertake the initial consideration of complaints about the conduct of doctors. The Chairman has also consulted a lay member of the Council who is appointed to advise on such matters.

The Chairman has asked me to first say that he appreciates your reasons for writing to the Council about this matter. He wishes me to explain that the Council's disciplinary powers in relation to doctors are defined in the Medical Act 1983. The Act enables the Council to take formal disciplinary action in response to a complaint about a

doctor's professional conduct only where there is direct evidence of behaviour by the doctor which appears to be so serious that it could justify holding a formal inquiry to decide whether it might be necessary to restrict or remove the doctor's registration. The words used in the Act to describe such behaviour are "serious professional misconduct".

The Chairman has given very careful consideration to your letters and the transcript of the television programme in question. However, he has decided that there is insufficient evidence to justify disciplinary action against Professor Winston on the grounds that he disparaged your professional abilities. The Council considers that doctors should be free to express general comments in the media on matters of public interest, and the Chairman notes that you have provided no evidence which would indicate that Professor Winston had any control over the context in which his comments, which do not mention any doctor by name, were transmitted.

In the circumstances, I have been asked to inform you that it is not possible for the Council to intervene in the matter. Yours sincerely"

6. It is clear from the correspondence in section 5 that the GMC investigated my complaint in 1991 only from the point of view of defamation but ignored other aspects of my complaint. The GMC reply of 20th April 2001 was therefore incorrect. My initial complaint was not **"fully answered"**. There is no evidence that the GMC considered **"each issue individually"**- unless the GMC is able to prove otherwise. Irrespective of this, the GMC reply makes it quite clear that defamation was the only issue addressed by the screener. Therefore, I believe the GMC had, indeed **"misunderstood"** or **"ignored"** the matters I had raised. In any event, the GMC did not deal with the matter properly nor launch appropriate investigation of the Winston affair. Accordingly I formally request you reconsider the complaint.

6.1. The GMC must reconsider its decision that disparagement had not taken place. The GMC reply stated; -

"However, he has decided that there is insufficient evidence to justify disciplinary action against Professor Winston on the grounds that he disparaged your professional abilities. The Council considers that doctors should be free to express general comments in the media on matters of public interest".

This is incorrect. Winston made his comments on TV knowing I was to be pilloried by the Cook Report as that was the ethos of the long running TV series - it defrocked crooks, gangsters, villains, fraudsters, drug dealers, etc., as dramatically as possible, publicly. Winston stated on TV; -

"In general, they (private infertility clinics) tend to employ people who are below standard. Many of the people employed in the private sector would be unemployable in a good NHS or University Department. They have gone into the private sector because they have failed to make the grade, sometimes, in the NHS sector".

The programme specifically, and heavily, criticised the practitioners in three private IVF clinics. Who, precisely, would the average viewer think Winston's remarks were directed at? They would naturally assume it was some or all three practitioners. After all, Winston was heavily involved in private practice himself, but made no mention of this. He had directed Langton to the programme having deliberately primed her with a false diagnosis. The extraordinary manner for so doing could only be with intent to cause me professional ruin. Thus, when he criticised private practitioners above, he knew that I would be a specific target. Winston's phrase **"..failed to make the grade, sometimes, in the NHS sector"**, etc., was even more to the point as he knew I was the only one present who had never been a consultant in the NHS and the programme made a specific issue of this. Professor Craft complained in respect of Winston's criticism of private practitioners to the Broadcasting Complaints Commission even though his appearance was relatively far removed in time sequence from the Winston statements. Professor Craft's complaint in this respect was upheld.¹ Lest there be any doubt about Winston's intentions when he was interviewed for the programme please be aware of two comments Winston made well after the event – when he was aware of the immensely damaging effect of the broadcast on me professionally.

- **"I see no great problem with the placing of my comments within the context of the programme"**.² – written to the Cook Report roughly 3 months after the 1st broadcast. I had been forced to close down my successful, newly opened Leeds IVF and infertility clinic by this time because of the drastic consequences of the programme. Winston was on the letter head of the only other private infertility clinic in Leeds. My other two clinics in London and Birmingham were in free fall.

¹ Evidence 20, final page

² Evidence 21 page 4 para 1

- **“My comment that private clinics employed people who were frequently below standard was also true.....I believe he (Dr Glatt) fits the description”.**³

Accordingly, it would be invidious for the GMC to consider Winston’s statements to be a matter of free speech under the circumstances detailed in section 6.1 especially when his actions clearly show his intention to destroy my reputation and practice and he had ensured I was to be the focus of the Cook Report.

“...and the Chairman notes that you have provided no evidence which would indicate that Professor Winston had any control over the context in which his comments, which do not mention any doctor by name, were transmitted.”

Winston was an accomplished TV performer by this time. Section 6.1 and other details herein demonstrate the reasons why he would have been aware of how his comments would have been used. I believe the average man on the proverbial Clapham omnibus, and the GMC, would have no doubt about Winston’s intentions if familiar with the current background. Accordingly the question of “control over the context” is redundant. However it should be noted that Winston, in fact, condoned the context (“I see no great problem with the placing of my comments within the context of the programme”). The fact that he did not mention me by name is also redundant under the circumstances especially as he had engineered the context in effect.

Winston’s letter to the TV company written several months after the first broadcast was extra-ordinary in its maliciousness and personal disparagement of me.⁴ It merely demonstrated Winston’s true intention of which particular physician the words of his TV interview were aimed at. The same is true of Winston’s comment; - “My comment that private clinics employed people who were frequently below standard was also true.....I believe he (Dr Glatt) fits the description”.⁵

Winston’s letter to Central Television 29th July 1991

I would like to deal with this separately. It was a highly malicious and spiteful letter containing multiple instances of disparagement, innuendo, and gross factual inaccuracies, written by Winston when Central TV called Winston to account for Langton’s true medical condition after I had registered a complaint with the Broadcast Complaints Commission. I do not wish to repeat my analysis of it here - please see my previous formal complaints to the GMC, and evidence 26⁶. I will merely highlight some instances here; -

“I have seen the letter sent by Dr Jack Glatt to the Independent Television Association Ltd. It contains a number of inaccuracies, in fact so many that I doubt whether he could be regarded as a reliable witness.”

... "unluckily for her, (Langton) went to see Dr Glatt..."

"Dr Glatt tries to absolve himself from responsibility for this patient by saying that he had very little contact with this couple. Of course this is no excuse for his inadequate care, ...".

In my view, the assessment of a uterus was most incompetent and it was less that a patient might justifiably expect given the expertise of a specialist infertility clinic."

"All of Mrs Langton's miscarriages were dealt with by the National Health Service, where the uterus was scraped out. This, I think, says a considerable amount about the deficiency of the care provided by Dr Glatt, who preferred to dump his ill patient on a National Health Service Hospital, rather than to undertake responsibility for the consequences of the failure of In-Vitro-Fertilisation. ...".

(Dr Glatt was responsible for) **..a number of irregularities which were of a serious nature."**

"... whilst I regard many of the inadequacies of his practice clearly deficient, I have to say that these deficiencies are matched by other In-Vitro-Fertilisation units within the private sector."

I wish to emphasise is the intensity of the disparagement that occurred. It was shocking. Even more so

³ Evidence 19 page 12 para 27

⁴ Evidence 21

⁵ Evidence 19 page 12 para 27

⁶ Evidence 26

given the gravity of what had befallen me and when Winston had every opportunity to set the record straight. This cannot be condoned by the GMC and I cannot think of any circumstance in which the GMC could refuse to investigate this formally. The GMC reply of 1991 makes no mention of Winston's letter to Central TV and I wonder if it looked at this specifically.

Winston was eventually forced to settle out of court and pay me damages for defamation. Thus legal defamation did take place. How did the GMC come to the conclusion that disparagement had not taken place? The screener discussed the matter with a lay member, and decided not to forward the case to the Preliminary Proceedings Committee for formal investigation. I am astonished that disparagement of this degree can be decided in this offhand manner. Given the circumstances the GMC is obliged to investigate the defamation issue in a formal hearing of the Preliminary Complaints Committee together with the complaint as a whole. If not, the GMC is, in my opinion, starkly failing its statutory obligations. I will not rest content until this is progressed by the GMC in an appropriate, transparent, and conclusive manner seeking professional legal guidance where necessary.

I would therefore be grateful for the GMC reassessing the disparagement issue as a whole.

6.2. However, there is another aspect of the GMC's final reply of 20th April 2001 that must now be addressed. The letter stated;-

“Furthermore, 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.”

This is incorrect. The second submission was not substantially the same. The following aspects were added, or had substantially different implications, as follows; -

a) Invasion of Privacy and Secret Journalist Presence

Winston arranged for a TV journalist to be present during Langton's first medical consultation with him. The patient was unaware that the other man present throughout the medical consultation at Hammersmith Hospital was a journalist, and not a doctor or part of the hospital team. He did not speak a word and there was no introduction⁷. The journalist's clandestine presence had been arranged by Winston. She did not realise his true identity until Winston informed her at her second consultation two days later when Winston personally performed a hysterosalpingogram on her. –

“ It was at this consultation that professor Winston asked me whether I wanted to help stop the same thing happening to other women..... professor Winston then explained that he had been approached by the Cook Report..... he then explained that the man who had been in the consulting room when I attended on the first occasion was in fact a researcher from the Cook Report. To a certain extent I felt as though I was being used....”⁸.

Using a journalist in this calculated manner was a deliberate abuse of Winston's position and a betrayal of the patient's trust, as well as a gross invasion of privacy. It was unethical.

b) Deception and Falsification of Hospital Medical Records

Winston falsified the Hammersmith Hospital medical records. He claimed Langton had a congenital uterine septum writing in the notes on 28th July 1991 as follows; - **“Worth trying to remove septum...”⁹** This was appended to the notes in total isolation from previous investigations he had arranged at Hammersmith Hospital in the previous months and elsewhere. There was no record of a patient visit at this time and the only other recorded investigation of the uterus at Hammersmith was 5 months previously when Langton had a hysteroscopy and laparoscopy at Hammersmith hospital which had not documented a uterine septum. Altogether this patient had had five separate tests of the uterus at different times all of which failed to identify a uterine septum – three of these tests being at Hammersmith Hospital. So what was the reason for Winston's isolated entry in the hospital notes which had invented a congenital uterine defect for which there was no previous evidence and for which Winston's own further

⁷ Evidence 3

⁸ Evidence 3

⁹ Evidence 11

hysteroscopy at a later date did not confirm either?? To stress the point again, there was no mention of a uterine septum anywhere else in Hammersmith's medical record or in any other medical record at any time.

The reason for falsifying the hospital record is clear. The Cook Report had written to Winston a few days earlier¹⁰, belatedly demanding evidence for his claim that the patient had a congenital defect of the uterus preventing a successful pregnancy (the first TV broadcast featuring Langton had been in April 1991). There was no such evidence – hence Winston invented it. He falsified the hospital notes with his isolated entry (there was no patient visit at this time, and the entry immediately prior to the falsified entry was dated 5 months prior). He then drafted his five page, highly malicious and defamatory reply to the Cook Report dated the following day – trumpeting his invented diagnosis of a congenital uterine septum in just one sentence of his 5 page diatribe.¹¹ He did not provide any evidence to the Cook Report for this claim.

Winston also falsified the medical record by omission. He performed a hysterosalpingogram (X-ray of the uterus and tubes) two days after his first consultation with Langton. This did not show a congenital uterine septum¹². It did not show any significant pathology which would have precluded a successful pregnancy. This was a critical test given that he directed her to voice a complaint against me to the Cook Report immediately after performing it on the basis of a fictitious result. Winston knew that my professional reputation would be publicly destroyed by this falsely planted information. However, the results, and the very fact that the test was performed at all, were concealed from the Hospital notes. The GP was not notified of the results, nor that the x ray procedure had been performed. This was a secret test. The only rational explanation is that Winston wished to conceal the information as he knew the results would not support his false contention of a congenital uterine septum. Omission of this vital information in the notes constitutes deception and is equivalent to falsification of the medical record.

Mr Dutt, consultant gynaecologist and head of the infertility clinic at Royal Northern Hospital had originally referred Langton to my infertility clinic. As part of his own investigations of her infertility problem his hospital had performed a laparoscopy and, also, a hysterosalpingogram. Mr Dutt had provided my clinic with these findings on his eventual referral of Langton to my clinic, requesting IVF treatment for her. These hysterosalpingogram x rays did not show any evidence of a congenital uterine septum or any other significant pathology which would have precluded successful pregnancy.¹³ Interestingly, Winston did not bother to contact Mr Dutt for any details of his investigations or to obtain copies of Mr Dutt's x rays prior to advising Langton, or prior to the broadcast. He did contact Mr Dutt eventually – after the first TV broadcast - and Mr Dutt then forwarded copies of his x rays of Langton. These x rays were of critical importance as they confirmed the absence of a congenital uterine septum or significant uterine pathology. Needless to say, proper documentation of the contact and incorporation of the x rays/x ray assessment into the Hammersmith Hospital medical notes should have been an integral part of the patient's management and record. However, Winston kept the telephone case discussion with Mr Dutt, and the existence of the forwarded x rays, secret from the hospital medical record. Mr Dutt recorded that Winston thought the patient had Asherman's syndrome and Winston had not mentioned the possibility of a congenital uterine septum during the case discussion. The GP was not informed of any of these vital pieces of information.

c) Deliberately Misleading the GP

Proper liaison with the GP is part of the GMC's code of Good Medical Practice. Winston claimed a congenital uterine septum had been missed by me and the patient led to believe she could not possibly have sustained a successful pregnancy. Langton was led to believe she had therefore wasted all her money and effort on 7 unnecessary IVF attempts at my clinic. Winston did not think it necessary to let the GP know of his concerns but Winston thought it appropriate to direct Langton to voice a complaint in this respect to the Cook Report programme within only 2 days of his first consultation with her on the basis of a hysterosalpingogram X ray he had performed. The GP was not informed of Winston's 'secret' x ray. Indeed the GP was never informed of the alleged congenital uterine septum – even 1 year after the event according to the Hospital record. The GP was given minimal information and deliberately misled. The GP would have known from the details of his own medical record that previous investigations showed that Langton could not possibly have a congenital uterine septum

¹⁰ Evidence 25

¹¹ Evidence 21

¹² Evidence 9

¹³ Evidence 7 and Evidence 9

d) Failure to Communicate with Me Properly

During the months leading up to the first TV broadcast Winston made no attempt to contact me, or my clinic, to obtain details of Langton's previous investigations or management without which it would have been impossible to advise her properly. However, he acted as the TV programme's de facto medical adviser (see below). Winston was my secret accuser during the several visits made by the TV programme researchers when they repeatedly asked me medical questions about the patient, and promised to forward my replies to their medical adviser/hospital consultant who had subsequently investigated her and who was now advising the programme. In retrospect Winston was the hooded head of a star chamber investigation. Proper communication between physicians is a key cornerstone of patient medical care according to the code of Good Medical Practice. Winston made a mockery of this principle and transgressed the code as cynically as is possible.

e) HSG Rushed Through on Behalf of the TV Company

“At present she is being rushed through for an x-ray, on our behalf, to confirm that her uterus is indeed deformed.”¹⁴ - notes from TV programme researcher. It is unethical for the hysterosalpingogram to have been ordered to meet the needs of the TV programme. Winston may claim this was not the case, but here it is, written in black and white, by the TV company.

f) Honesty and Trustworthiness in Providing Evidence in Litigation

Section 51 of the GMC's code of Good Medical Conduct states;- **You must be honest and trustworthy when writing a report, completing or signing forms, or providing evidence in litigation or other formal inquiries.** The guideline does not qualify this in any way.

Winston claimed in his witness statement that **“I was not asked to be a medical adviser to the Cook Report nor did I perform this role in any sense”**¹⁵. I note that one of the TV freelance producers of the Cook Report (Clive Entwistle) did try to claim that Winston was not a formal medical adviser to the programme. However, the Cook Report admitted they did not have an independent panel of medical advisors or any other adviser. It therefore relied wholly on Winston's medical advice re Langton, or used other physicians for advice only in respect of their own patients involved in the programme.

Incidentally, Winston wrote to the British Medical Journal 18th May 1991 claiming that **“...I was in now way responsible for the treatment of Dr Jack Glatt...in this programme.”**¹⁶ This was a shocking lie, brazenly published in one of the most respected medical journals in the world. At the time of publication Winston's involvement with Langton had been completely unsuspected. Langton had stated in the broadcast that she had sought advice from a second opinion but his name was not revealed despite Winston appearing elsewhere on the programme ostensibly as an impartial commentator. It was several months after the 1st broadcast and the publication of Winston's untruthful denial of involvement, that I discovered from the Broadcasting Complaints Procedure Winston was the second opinion that Langton had quoted in the broadcast, and was the de facto medical adviser for the programme.

The evidence for Winston being the medical adviser with respect to Langton is as follows;-

- The programme journalists stated;- **“In each case we analysed what Dr Glatt had said, discussed it with the IVF experts currently familiar with the cases.....”**¹⁷ letter from Cook Report to Broadcasting Complaints Commission. Thus, Winston was the medical adviser with respect to his IVF patient.
- **“I still require further examples of bad management relating to the clinics we are interested in. Your help in this matter is greatly appreciated.”** -letter to Winston from Graeme Thomson TV producer of Cook Report, 26 November 1990.¹⁸
- **“I still, desperately need more couples who have been badly treated.....I am confident, together we can make a superb programme that will inform and make all those concerned take notice, but right now I need couples on camera.”**- letter to Winston from

¹⁴ Evidence 12

¹⁵ Evidence 19

¹⁶ Evidence 17

¹⁷ Evidence 18 page 3

¹⁸ Evidence 13 page 1

Graeme Thomson, Cook Report TV producer, 21st December 1990¹⁹

- **“Medical advice was taken on the programme and the final version was approved by the advisers”**. Dame Mary Donaldson, Chairman, Interim Licensing Authority 23rd April 1991²⁰

Thus, if Winston was not the formal medical adviser, he was the de facto medical adviser in respect of Langton. I see no practical difference between the two possibilities. Moreover, Winston also appeared on the programme ostensibly as an impartial commentator, making spurious and defamatory comments. This highly experienced TV showman cannot have failed to know exactly what he was doing and the implication of his actions. After all, the Langton case was a setup which he had engineered. Winston knew full well what Langton would say on the programme. He had primed her with a false diagnosis prior to directing her to the Cook Report only two days after her first consultation with her. He was the de facto medical advisor if nothing else. His witness statement claiming that he did not fulfil the role of medical advisor **“in any sense”** was untruthful thereby abrogating section 51 of the GMC code.

(Incidentally, I had given the Cook Report several interviews at my clinic during the weeks prior to the broadcast. I had asked who my unnamed medical accuser was, but was told he did not wish to be named and had to stay anonymous though my clinical comments regarding Langton would be relayed to him).

g) Improper Medical Consent/Assault

Properly obtained informed consent for any operative procedures is vital. Langton was manipulated into undertaking a hysterosalpingogram on 15th November 1990, a laparoscopy and hysteroscopy under general anaesthesia on 13th February 1991, and yet another hysteroscopy under general anaesthesia on 12th September 1991. Langton was physically subjected to unpleasant and expensive invasive investigations which are associated with morbidity and mortality and to the risks of general anaesthesia. However, Langton could not possibly have given informed consent. She consented to these procedures only because she believed Winston’s false assertion that she had a congenital uterine septum. Accordingly, in the absence of proper, informed consent, Langton was subjected to repeated physical assaults. Is quasi rape involved too – given that digits and instruments were inserted into her vagina without proper consent/permission?

h) Further Patient Deception re Uterine Adhesions

Significant uterine adhesions are known as Asherman’s syndrome. This is a rare condition usually caused by some sort of operative procedure on the uterus. The adhesions/scarring on the inside of the uterus can be very extensive, causing virtual obliteration of the uterine cavity. This could cause oligomenorrhea or amenorrhea, and infertility if present to a significant degree. Langton was known to have a uterine cavity clear of pathological adhesions in all of the 4 uterine investigations performed at Royal Northern Hospital, my clinic, and at Hammersmith Hospital up to the time of the broadcast. More specifically at Hammersmith, the x ray hysterosalpingogram was performed by Winston on 15th November 1990, and the laparoscopy and hysteroscopy was on 16th February 1991 with the TV broadcast occurring April 1991.

Mr Dutt wrote to me on 22nd May 1991 saying that he had a telephone conversation with Winston in which Winston stated he thought Langton had Asherman’s syndrome²¹. But all the uterine investigations to date had not shown pathological intrauterine adhesions. Furthermore Winston stated the cause of the patient’s problem was a congenital uterine septum as late as 28th July 1991. So how could Winston suspect Asherman’s as the diagnosis in May? All tests to date had shown no evidence of pathological uterine adhesions! Winston arranged to perform the final hysteroscopy (the 5th uterine investigation) on 12th Sept 1991, personally, according to the notes. The notation that Winston personally was to do the hysteroscopy was penned by Winston himself contemporaneously with his unique entry in the notes alleging the presence of a congenital uterine septum²². Remarkably, he then ostensibly discovered the rare diagnosis of Asherman’s syndrome during his hysteroscopy on 12th September. It was so extensive apparently that Winston alleged he was able to enlarge the uterine cavity three times its initial size. Of course, it was Winston who had his own eye at the end of the hysteroscope purportedly discovering extensive adhesions. He then informed the patient that she would need up to 5 further operations to deal with her

¹⁹ Evidence 13 page 2

²⁰ Evidence 22

²¹ Evidence 15

²² Evidence 11

alleged condition prior to embarking on IVF²³. I have never heard of needing such a prolonged course of operative treatment for this alleged condition, and it was a cruel and unrealistic management to have planned for a woman already 40+ years still expecting specific infertility treatment.

The circumstance of Winston's alleged sudden discovery of such extensive uterine adhesions is so unusual as to defy belief. Far more likely is that the diagnosis was pure invention – after all Winston by now knew of my case against him. He knew that the evidence already in hand showed that his allegation of a congenital uterine septum was unsustainable. He was desperate for another diagnosis which could be alleged by merely holding his own, subjective, Nelson's blind eye to the hysteroscope. He knew that he had to have some sort of excuse for having alleged Langton's uterus could not sustain a pregnancy – otherwise his reputation and whole career was at stake, and Langton may have sued him. Langton's description of requiring five operations does not appear in the Hospital record. Why not? – because the recommendation was so outrageous. Five further operative procedures would have tied Langton to Winston for a long period of time during which she would not be investigated by other gynaecologists who could have discovered the truth about her uterine condition. Note that Winston made no attempt to explain to the GP the cause of the purported, suddenly diagnosed, extensive intrauterine adhesions - or the switch in diagnosis from congenital uterine septum, nor the need for up to five further operative procedures. I can think of no other logical explanation for the clairvoyant diagnosis suggested to Mr Dutt so many months previously other than a desperate, off the cuff, speculative diagnosis floating in Winston's mind during the course of the phone call with Mr Dutt after Mr Dutt made Winston aware that Dutt's xrays did not show significant intrauterine pathology. Winston probably thought he could 'use' the diagnosis at a later date if necessary. This dovetails with the subsequent sequence and nature of events. The great balance of probabilities, if not beyond reasonable doubt, demonstrates this is what actually happened. I believe that a full inquiry by the GMC with expert witnesses will confirm the truth.

i) Breach of Patient Trust

I was the first infertility practitioner to achieve IVF success entirely within the private sector and did so within only approximately seven months of starting the research programme. That was a very remarkable achievement at the time. I was the first to open a second, and then third IVF and infertility clinic in the UK. Our IVF success rate was amongst the highest²⁴, and our fees among the very lowest. Langton was referred to my clinic precisely because of my reputation. My clinic achieved three IVF pregnancies with Langton – giving her the only wanted pregnancies in her reproductive career but it was sad that she miscarried each time. She trusted me and my team to do the best for her and she obviously had trust in my clinic, me and my colleagues at that time. It was not unreasonable for her to have sought a second opinion after a total of seven IVF treatment cycles. Winston succeeded in destroying the trust she had in me and my team. Winston also betrayed the trust she put in him, and deliberately harmed her.

j) Frameup

Winston used Langton to frame me in order to destroy my reputation and career.

k) Patient Harm

Winston destroyed the remainder of Langton's reproductive career given her reproductive age and the failure to embark on any meaningful fertility therapy during his mismanagement of her.

He subjected Langton to unwarranted, unpleasant procedures, and to general anaesthetics.

Winston caused this harm deliberately in order to destroy my reputation, and to perpetuate the web of lies he had spun. Winston was an unmitigated disaster to this patient's health and well-being.

l) Lying

Winston lied to the patient, the court in his witness statement, the GP, in his letter published in the British Medical Journal, and the TV company, as described above. He also lied to Mr Dutt during the phone call of May 1991 when Winston alleged Langton's diagnosis was that of Asherman's syndrome. At this time Winston also promised to forward Mr Dutt copies of his own hysterosalpingogram xrays in exchange for Mr Dutt's. However, Winston lied. He did not forward his xrays to Dutt. – no doubt because his xrays showed no evidence of a uterine septum nor of significant uterine adhesions (Asherman's syndrome), nor of any other significant uterine pathology²⁵.

²³ Evidence 3, pager 14

²⁴ Evidence 34 and Evidence 35

²⁵ Evidence 12

m) Improper Complaints Procedure

Winston was fully aware of the recognised procedures for advising Langton how to complain in the event of a perceived grievance. There were multiple avenues available - for example, he could have advised Langton to complain to me or the clinic directly, or to the GP, the original referring consultant, the Citizen's Advice Bureau, a solicitor, via a patient support group, the local area health authority/council, or the GMC. Had Winston had the patient's welfare genuinely at heart he could have written to me, or others, on her behalf. Winston did not advise any of these things. Instead he advised this vulnerable patient to voice a complaint (which he had engineered), directly to a powerful TV programme. Any professional body would consider this the most outrageous professional misconduct of the highest order.

7. The GMC declined to consider my 2nd complaint submission in 2001 stating; - **“Furthermore, from the documents that you have supplied it would appear that your current complaint is substantially the same as the one you made in 1991 which was subject of a no action by the screener. Given these facts it is not now open to the GMC to re-consider your complaint, notwithstanding any fresh evidence.”**

I have now outlined above a significant number of aspects of my second complaint submission to the GMC (2000) which were essentially new, and had not been properly presented in my initial complaint of 1991. They all demonstrate severe breaches of the GMC code of conduct. Other breaches have been detailed in my previous two submissions. Thus the GMC's refusal to consider the 2001 complaint on the above quoted basis is inaccurate and incorrect and not in the best interests of patients, the public interest, or the medical profession. This is an important and unique case involving profound implications for the public interest, patient protection, justice, blatant abuse of medical privilege, a desire by one physician to destroy the reputation of a rival in the field by cynically manipulating a vulnerable patient and ruining her reproductive career in the process, deceit, dishonesty, defamation, fraud, forgery of medical notes, concealment of patient mismanagement and results from a GP, deliberate miscommunication with colleagues, physical assaults on a patient for almost a year by deliberately subjecting Langton to unnecessary operative investigations and general anaesthetics under false pretences, destruction of patient trust, invasion of patient privacy, lying to the patient, TV company, the court and to the British Medical Journal, the proper functional due process within the GMC, etc.. I am sure that jealousy, spite and hatred for a rival in the field features prominently in the mix. I have also provided reasons why I believe in the initial complaint was not processed appropriately by the GMC requiring it to look at the whole matter again, properly, anyway,

The GMC's oft stated remit is simple; - “protect patients from harm”. Please be seen to do so by investigating the Winston affair properly. Failure to do so will be seen as frank abrogation of its statutory duties. Thank you.

Yours sincerely



Jack Gilliat MRCP MRCOG
aka Jack Glatt