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Anne Donnelly
Urology Services Inquiry
1 Bradford Court, Upper Galwally
Belfast
BTB 6RB

Our Ref: KH/AK/00003911/100
Your Ref:
Date: 19 August 2024

BY EMAIL

Personal Information redacted by the USI

Dear Anne

MR AIDAN O'BRIEN – UROLOGY SERVICES INQUIRY

We refer to the above matter and to your email dated 9 August 2024 following up on two queries that were raised by the Chair during Gerry Boyle KC's oral closing submission on behalf of Mr O'Brien.

Having taken instructions from our client, we can reply as follows:

- 1. Does Mr O'Brien accept that his decision to practise in the manner in which he did contributed to the difficulties for that service and for patients?

Any response to the queries raised by the Inquiry at this stage should be considered in conjunction with the evidence that has already been provided by Mr O'Brien to the Inquiry, both in terms of his section 21 statements and his oral evidence, as well the opening and closing submissions that have been made on his behalf.

Mr O'Brien has clearly stated his position on a number of issues which he accepts may have caused difficulties for the service and consequently for patients. The following examples can be provided, although this is not an exhaustive list:

- 1. At paragraph 433 [WIT-82553] of his section 21 statement of 23 August 2022, Mr O'Brien accepted that ideally records should not be kept at home. It was further accepted at paragraph 446 [WIT-82556] that this was not best practice.
- 2. In the context of triage, at paragraph 462 [WIT-82560] of his section 21 statement of 23 August 2022, Mr O'Brien indicated that he deeply regretted that any patient was delayed in their

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Received from Tughans on behalf of Mr Aidan O'Brien on 19 August 2024. Annotated by the Urology Services Inquiry.

diagnosis of cancer as a result of inadequate service capacity impacting upon the triage of patients. At paragraph 468 [WIT-82562], reference was made to an email Mr O'Brien sent to the Trust on 26 November 2013 which stated that he was sorry that he was behind in his triage and planned to catch up on it while he was on annual leave. Also, after his return to work following exclusion in 2017, Mr O'Brien took one day per week of annual leave to facilitate completion of triage and regretted that this was at the cost of conducting fewer oncology review clinics each year. Mr O'Brien also accepted, at paragraph 556 of his section 21 statement of 23 August 2023, that his inability to complete triage risked impacting upon patient safety [WIT-82589]. However, by taking every opportunity to use additional operating sessions, more patients had their cancer (and other serious conditions) diagnosed and managed than would otherwise have been the case, and the number of such patients was greater than the number of patients whose diagnosis was delayed due to Mr O'Brien's inability to complete triage prior to 2017.

- 3. In the context of dictation of letters following clinics, Mr O'Brien accepted, at paragraph 504 [WIT-82571] of his section 21 statement of 23 August 2022, that it was an important task, although not as important as taking the time in clinic to ensure that patients were informed of and understood their conditions, prognoses, management options and recommendations.

Mr O'Brien referred during his oral evidence to the 'trade-offs' [TRA04684-04702] between various competing tasks that were required when working within a grossly inadequate service. It remains Mr O'Brien's position that while some administrative aspects of his practice were not completed as may have been expected, and that this may have posed potential risks to patients, these were the necessary trade-offs required to prevent or minimise the risk of greater numbers of patients coming to greater, more serious and potentially lethal harm. Mr O'Brien, in his concluding remarks in his oral evidence to the Inquiry said, "I regret and apologise to any patients that have suffered harm as a consequence of any clinical decisions and shortcomings that I may have". However, he remains of the view that, given the invidious position he found himself in, the negatives of his approach were greatly outweighed by the positives.

In summary, Mr O'Brien accepts that the manner in which he practised in respect of certain areas, including but not limited to the areas referred to above, may have contributed to difficulties for the service and patients. However, as has been stated by Mr O'Brien on many occasions, both in writing and in his oral evidence, this cannot be divorced from the context in which he practised, which was that of a grossly inadequate service. Mr O'Brien's view is that these issues with his practice were symptomatic of the inadequacy of the service, rather than a cause of the inadequacy of the service. Nor should the Inquiry lose sight of the evidence it has received regarding the highly positive aspects

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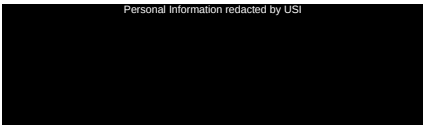
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of the manner in which Mr O'Brien practised, such as his excellence as a surgeon and his hard work and dedication over many years, which contributed greatly to the urology service and to the welfare of patients.

- 2. Can you assist us with indicating, and this may be another matter that you want to come back *to us in writing on, but can you assist us with indicating whether Mr O'Brien having heard* different perspectives on issues, particularly from his fellow clinicians and from patients, has had cause to reflect and change his views at all?

Mr O'Brien's views, as stated above, have been clearly expressed in his evidence to the Inquiry to date in the form of his section 21 statements and his oral evidence. He has further sought to summarise his position in the written and oral closing submissions after the conclusion of the evidence, and again in response to question 1 above. While he is grateful for the opportunity to have heard different perspectives on the multiple issues explored by the Inquiry, his views are as expressed in his written and oral evidence to the Inquiry, which include his reflections, his regrets and his apologies.

Kind regards.



KEVIN HEGARTY
[kevin.hegarty](#) Personal Information redacted by USI

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