

ROYAL COLLEGE OF VETERINARY SURGEONS

MR JOSEPH LENNOX HOLMES

FINDINGS OF FACT

Mr Joseph Lennox Holmes, the Respondent, qualified as a veterinary surgeon from the Edinburgh Veterinary School in 1976. He had experience in a number of practices, with different types of patient, including about two years working solely with racing greyhounds in Sydney, Australia.

Since 1984 he has run his own, single-handed veterinary practice.

At the hearing Charge 1 was amended with the agreement of the parties and The College withdrew parts (b) and (c) of Charge 4. The charges set out here reflect those changes.

The Respondent faced the following charges:

That the Respondent, being registered in the Register of Veterinary Surgeons while in practice at Waltham Veterinary Clinic, Grimsby Road, Waltham, Grimsby.

1. Failed to provide adequate professional care to Sid, a Labrador dog belonging to Pamela Holmes of 3 Newmarch Close, Scatho Top Grimsby in that
 - (i) on 3rd November 2004 he administered cytotoxic drugs, namely an intravenous injection of Vincristine sulphate 1mg/ml and on 10th November 2004 supplied a course of 24 cyclophosphamide (Endoxana) 50 mg tablets to Pamela Holmes for the treatment of Sid in order to treat suspected bone cancer when such medicine was inappropriate; and /or
 - (ii) on 3rd November 2004 he administered cytotoxic drugs, namely an intravenous injection of vincristine sulphate 1mg/ml and on 10th November 2004 supplied a course of 24 cyclophosphamide (Endoxana) 50mg tablets to Pamela Holmes for the treatment of Sid before confirming a suspected diagnosis of bone cancer.

AND THAT in relation to the facts alleged he had been guilty of disgraceful conduct in a professional respect.

2. On 3rd November 2004 he failed to obtain Pamela Holmes's informed consent to the treatment of Sid when he administered an intravenous injection of Vincristine sulphate 1mg/ml in that he failed:
 - (a) to advise her of a range of reasonable treatment options; and/or
 - (b) failed to inform Pamela Holmes of his intention to give Vincristine sulphate and/or
 - (c) to advise on potential side effects; and/or

- (d) to explain to Pamela Holmes that vincristine sulphate is not licensed for use in dogs.

AND THAT in relation to the facts alleged he had been guilty of disgraceful conduct in a professional respect.

- 3. On 10th November 2004 he failed to obtain Pamela Holmes's informed consent to the treatment of Sid with cyclophosphamide (Endoxana) 50 mg tablets in that he failed
 - (a) to advise her of a range of reasonable treatment options and /or
 - (b) to advise on potential side effects; and/or
 - (c) to explain to Pamela Holmes that Endoxana tablets are not licensed for use in dogs.

AND THAT in relation to the facts alleged he had been guilty of disgraceful conduct in a professional respect.

- 4. On 10th November 2004 he supplied 24 Endoxana tablets to Pamela Holmes for the treatment of Sid, her male Labrador dog:
 - (a) in an inappropriate container; and/or
 - (d) without giving advice as to handling of cytotoxic medication.

AND THAT in relation to the facts alleged he had been guilty of disgraceful conduct in a professional respect.

The Respondent's plea

The Respondent denied Charges 1, 3 and 4. He admitted the facts relating to Charge 2 but he denied that his conduct amounted to disgraceful conduct in a professional respect.

The Committee heard oral evidence from:

Mrs. Pamela Holmes (no relation to the Respondent)

Mrs Helen Louise Jeffreson, a veterinary surgeon

Dr Jane Dobson, a Royal College of Veterinary Surgeons recognised specialist in Veterinary Oncology.

The Respondent.

The Committee noted that it was common ground that:

- 1. At the material time in 2004 Mrs. Holmes was the owner of Sid, a five year old black Labrador dog, and had been a client of the Respondent's practice for fourteen years. She had taken several different animals, both dogs and cats, to him for treatment. The Respondent regarded her as a caring and reliable pet owner.

2. The Respondent had treated Sid on many occasions since his puppyhood. This included treatment for lameness and arthritic changes from when he was about six months old. Various medicines had been given, including glucocorticoids and long courses of phenylbutazone.
3. On November 3rd 2004 Mrs Holmes took Sid to the Respondent to seek his advice. At that time Sid had a soft swelling “as big as a golf ball” on the lateral aspect of his right hind leg. Sid had had several “cysts” at different sites in the past; these usually had burst and healed spontaneously. The soft swelling had not responded to bathing and on this occasion Mrs Holmes had decided that professional attention was needed. There was also some discussion about a hard lump on the other side of the same joint.
4. The Respondent palpated the soft swelling and advised her that it should be removed at once as the wound would be difficult to close if the soft swelling were allowed to grow bigger. Mrs Holmes left Sid in the care of the practice.
5. Later that day the Respondent tried to telephone Mrs. Holmes while Sid was still anaesthetised but there was no reply. He had decided not to operate upon the soft swelling, as he had radiographed the affected area, as well as both fore legs and concluded that Sid had bone cancer. When Mrs. Holmes later telephoned the Respondent he explained what he had done. He also said that he had already injected Sid with an anti-cancer drug now identified as vincristine sulphate (Vincristine).
6. That evening Mrs Holmes went to collect Sid. The Respondent showed her the radiographs, and pointed out bone abnormalities associated with the right hock and both elbows. The Respondent said that the changes were “likely to be a bone tumour” although later when questioned by Mrs Holmes he said there might be a connection with Sid’s osteoarthritis. He had advised against taking blood samples or biopsy specimens, as they “would not necessarily confirm what was wrong” and there was the possibility that a biopsy might exacerbate the condition he had diagnosed.
7. As advised by the Respondent, Mrs Holmes returned Sid on 10th November 2004, to continue the course of chemotherapy. The Respondent examined Sid and gave Mrs Holmes a small self sealing plastic bag containing 24 loose tablets of cyclophosphamide (Endoxana), a cytotoxic drug, with appropriate dosage instructions. Sid was to be taken back to the Respondent eight weeks later.
8. Mrs Holmes asked about possible side effects of the tablets. She recalled that the Respondent explained that whilst cancer cells would be killed, so too would some healthy cells. There was a conflict in the evidence as to the extent of the information given by the Respondent in this regard which has been dealt with later in this decision.
9. Mrs Holmes was concerned and decided to seek a second opinion from a neighbouring practice, the East field Veterinary Clinic Ltd, North Thorsby, Grimsby, where Mrs. Jeffreson, who had qualified in 1983, practised. Mrs. Jeffreson agreed to give such second opinion. The Respondent was approached and on 12th November 2004 provided a copy of the clinical notes, and the two radiographs which he had taken.

10. Mrs Jeffreson examined Sid's affected leg and on 15th November 2004 radiographed Sid's elbows, his right hock and his chest. It was Mrs Jeffreson's opinion that Sid did not have bone cancer. Mrs Jeffreson stated that, when examining the radiographs, she saw a lot of bone proliferation. However, she could not recognise bone destruction, which in her opinion would be associated with bone cancer.
11. At Mrs Jeffreson's suggestion and with the agreement of Mrs Holmes the new radiographs were sent to the Willows Referral Practice for a specialist opinion which concluded that bone cancer was not present. Mrs Holmes was advised not to give the drug prescribed. Mrs. Jeffreson gave Sid an anti inflammatory treatment, Rimadyl.

The Respondent's explanation of his diagnosis and treatment

12. The Respondent identified exostoses in soft tissue on his radiographs, "displaced from the joint itself." It was his opinion that the changes were "different from arthritic change," "beyond arthritis" and represented "early neoplastic change". He understood the hard swelling of the hock to be of recent origin. This together with Sid's history and clinical signs led him to decide that he should give anti-neoplastic therapy (chemotherapy). While Sid was still under anaesthetic he telephoned Mrs Holmes but received no reply, and since he had found that injected vincristine would often cause a dog distressing nausea, he then injected the drug before Sid regained consciousness.
13. The Respondent explained that his use of vincristine and cyclophosphamide went back over some 20 years. Initially he would have formed a view by reading a standard textbook, that edited by Dr. Stephen Ettinger, his edition dated from 1983. He was not aware of the existence of common publications which give advice on drug dosing and handling, namely the BSAVA Formulary, The BVA Code of Conduct on the handling of drugs, and the HSE literature on handling cytotoxic drugs. He was also unaware of the instruction on drug handling in the RCVS Guide to Conduct, and that four editions of the "Ettinger" textbook have been published since 1983.
14. The Respondent thought vincristine would be useful in bone cancer and he relied upon data sheets for the drugs intended for human use, extrapolating this information to animals. He had noted that both vincristine and cyclophosphamide were both used "in a wide range of cancers".
15. The Respondent did not take a blood sample before starting Sid on a course of cytotoxic drugs because he could "decide on clinical grounds when a dog had a low white blood cell count as such dogs would have recurring infections".
16. The only cytotoxic drugs the Respondent ever used were vincristine and cyclophosphamide and it was his practice to hold enough to treat one or two "suspected cancers" at a time.

The expert evidence

17. Dr Jane Dobson gave expert evidence. She stated that a diagnosis of bone cancer was usually made through "a combination of the medical history, the

clinical signs, radiography and, ideally, biopsy.” She also stated that the most common form of bone cancer was osteosarcoma, described the classical sites and explained that osteosarcoma does not typically invade across a joint. She stated these facts should be general veterinary knowledge.”

18. Dr. Dobson agreed that when swelling and the development of new bone were found around the hock joint, a general practitioner should include the possibility of cancer in a list of differential diagnoses.
19. Dr. Dobson said that neither vincristine nor Endoxana were appropriate drugs to use in the treatment of osteosarcoma and she considered that this should be within the knowledge of a general practitioner.
20. Dr. Dobson confirmed that Endoxana were sugar coated tablets which were then available unwrapped in containers. She said that she would not dispense such tablets in a plastic bag, and that she would advise the client to wear latex or nitrile gloves when handling them. If the tablets became wet with saliva, then the cytotoxic drug itself could leak out. Endoxana is potentially a carcinogenic drug. She herself would expect to take as long as half an hour to explain to a client how to handle such cytotoxic drugs, and the possible side effects upon the patient.

The Committee’s findings of fact where there were areas of conflict of evidence

21. The Committee has listened carefully to the evidence that has been put before it and has applied the highest civil standard of proof.
22. There were several points in the evidence where conflict was evident.
23. Mrs Holmes took Sid to see the respondent on 3rd November 2004 because he had developed a soft swelling on the outside of his right hind hock. At the same time Sid also had a hard swelling on the inside of the same joint. Mrs Holmes said that the inside hard swelling had been there for a year or more. The Respondent said he was told that it had been there for a week or so and was rapidly growing.
24. The Committee prefer the evidence of Mrs Holmes, who was found to be a straightforward and reliable witness. This is supported by her comment that the “knobbliness” of the right hock had gradually increased over a long time, and the degree of calcification of the hard lesion that was shown on the radiograph, which was consistent with the longer time scale. The Committee found that Mrs Holmes told the Respondent on the 3rd November 2004 that the hard lump had been present for about a year.
25. Mrs Holmes accepts she was told that some healthy cells would be killed as well as the cancer cells, but despite asking if Sid would experience specific side effects which might make him ill, she had no recollection of any further explanation, in particular the possibility of lethargy, vomiting and urine discolouration.
26. The Committee cannot be sure that the respondent did not mention these during the discussion on 10th November 2004

27. The Committee accepts that the respondent explained to Mrs Holmes that Endoxana was a human medicine but believes that he did not make it explicit that it was not licensed for use in dogs.

The Respondent's Diagnosis

28. Despite the absence of lameness, which would be generally be expected as a presenting sign of a limb bone tumour, the Committee accepts that the respondent, having taken the radiographs, made a provisional diagnosis of bone cancer in good faith, and told Mrs Holmes that the osteoarthritis, for which Sid had received treatment over several years for different joints, could also be implicated.

The Committee's Decision

Charge 1 (i),

29. The Committee finds this charge to be proved Even if the Respondent's diagnosis of bone cancer had been correct the treatment regime the Respondent instigated, based on out of date text books and human data sheets, was considered totally inappropriate. The Committee accepted the evidence of Dr Dobson on this point.

Charge 1 (ii)

30. The Committee finds this charge to be proved
31. With regards to parts (i) and (ii), the Committee finds that the Respondent made no attempt to confirm his suspicion of bone cancer before embarking on his chemotherapy treatment of Sid and the Committee finds that in relation to the facts alleged the Respondent is guilty of disgraceful conduct in a professional respect

Charge 2: a,b,c and d

32. The Respondent admitted the facts. The Committee finds this charge to be proved in all respects and that in relation to the facts alleged the Respondent is guilty of disgraceful conduct in a professional respect. The Committee felt that such a serious course of treatment should only be undertaken with the fully informed consent of the owner.

Charge 3: a, c

33. The Committee finds this charge to be proved. The Respondent stated that he decided that the options for Sid were amputation, do nothing or chemotherapy. He believed that chemotherapy was the only reasonable course. The respondent had only one chemotherapy regime, initial vincristine intravenous injection followed by cyclophosphamide tablets (Endoxana), which he used for treatment of all cancer cases where he believed chemotherapy was indicated.

34. The Respondent had already embarked on the first stage of this routine programme on 3rd November 2004 as he admitted in accepting the facts of Charge 2.
35. On 10th November 2004 he intended to follow up this initial injection of vincristine with his usual second stage of Endoxana tablets. Mrs Holmes and the respondent agree she was told that the tablets were "anti-cancer."
36. The Committee finds that the Respondent did not discuss a range of reasonable treatment options, he did not give full advice of potential side effects and he did not explain that Endoxana tablets were not licensed for use in dogs.
37. The Committee finds the facts of this charge and that in relation to the facts alleged the Respondent is guilty of disgraceful conduct in a professional respect

Charge 4 a and d

38. The Committee finds this charge to be proved. The Committee finds that the dispensing of a cytotoxic medicine in a plastic bag is inappropriate. Such medicines are potentially carcinogenic and should only be issued in childproof containers. It is also for this reason that very careful advice should be given as to their handling. The Committee accepts that whilst Mrs Holmes was aware that Endoxana were anti-cancer tablets. She had no personal knowledge of such medicines and when asked if she knew they could be dangerous to handle replied that she did not know this then but did now. The Respondent had not given her advice about the safe handling of this cytotoxic medication and had not issued her with protective gloves, which would have been appropriate.
39. The Committee finds the facts of this charge and that in relation to the facts alleged the Respondent is guilty of disgraceful conduct in a professional respect.

DISGRACEFUL CONDUCT IN A PROFESSIONAL RESPECT

40. The Committee has found disgraceful conduct in a professional respect to have been present in each of the charges. The Committee is of the view that the Respondent's conduct in each case would be viewed by reasonable and competent members of the veterinary profession to be deplorable and such conduct falls far below the standards that members of the public are entitled to expect. The Committee is aware that Sid does not appear to have suffered any ill effects on this occasion, but the cavalier use of chemotherapy in the absence of a proper knowledge of the subject might have had adverse effects impinging on the welfare of the animal.