

ROYAL COLLEGE OF VETERINARY SURGEONS

v

MR KFIR SEGEV

FINDINGS

Mr. Kfir Segev appeared before the Committee to face the following allegations:

Being registered in the Register of Veterinary Surgeons and whilst in practice at Medivet Veterinary Partnership, 46 The Broadway, Stanmore, Middlesex:

Between 27 November 2006 and 1 December 2006, in relation to your treatment of Zoe, a greyhound /lurcher bitch belonging to Andrew Barton and Elizabeth Kozłowska, you:

1. dishonestly represented that radiographs taken in November 2006 by your practice indicated no obvious evidence of metastasis in Zoe's chest;
2. recommended to Andrew Barton that Zoe should undergo diagnostic work, namely an MRI scan and lung aspirates, when you knew or ought to have known that such work was unnecessary and/or would not promote Zoe's welfare

Introduction

1. Mr Andrew Barton ("Mr. Barton") and his partner Ms. Elizabeth Kozłowska ("Ms. Kozłowska") owned a greyhound/ lurcher bitch named Zoe, born in 1998. She was a rescue dog. In March 2006 Zoe had problems around her mouth which were diagnosed by Mr Barton's usual veterinary surgeon (Mr. Simon Hayes MRCVS, of Village Vet, Winchmore Hill, London ("Mr. Hayes") as a possible tumour. This was confirmed as such and Zoe underwent the removal of part of her left lower jaw, and

recovered well from the surgery. A pathology report indicated that there was a 50% chance of the tumour recurring locally.

2. Towards the end of November, 2006, Zoe became lame on her left fore leg. She had been similarly lame once before and had recovered rapidly. The lameness did not improve, and on the morning of Monday 27th November, Mr Barton took her, not to Mr Hayes, but to the local practice of the Medivet Group, Stanmore, London because it was nearer to their home. Mr. Kfir Segev, MRCVS ("Mr. Segev") was the branch partner and the sole veterinary surgeon at this practice. On that morning Zoe was completely lame and non-weight bearing (10/10 lameness) on the left fore leg and appeared to be in great pain. After initial assessment, the dog was admitted by Mr Segev for pain relief on a continuing basis and further investigation. Mr. Segev gave Mr Barton an estimate of costs amounting to £906.69 asking for immediate payment. This was normal Medivet practice for new clients. Mr Barton refused to accept these terms, saying that his dog was insured. At 12:20am. on the Monday, Zoe's previous case notes were faxed to Mr Segev from Mr Hayes' practice.
3. A blood sample and radiographs were taken of Zoe who was hospitalised and remained overnight, at a 24 hour branch of Medivet, until Tuesday 28th. On that afternoon acupuncture was administered by Emma Styles MRCVS ("Ms. Styles"), who recorded a 3/10 lameness. In the evening, of that day, Mr Barton and his partner attended the surgery for a consultation with Mr Segev. Following discussion of the case with Mr Segev, Mr Barton and Ms Kozlowska took Zoe home for the night. In her evidence, Ms Kozlowska stated that at this stage, Zoe appeared to be pain free. There is a conflict of evidence about what was said at this meeting. An increased fee estimate of £587.50 was given orally to Mr Barton and recorded on the computer notes by Mr Segev at 20:06. It was signed by Mr Barton on Wednesday 29th. There is no dispute about this.

4. On this Wednesday Zoe's condition was improving considerably, although she showed occasional distress. She was hospitalised for the day for further assessment, being returned home that evening. Mr Segev's notes show an improved record of 2/10 lameness, although pain was still present on sudden movement.
5. Between Monday 27 November and Thursday 30 November there were several telephone conversations between Mr. Segev and Mr Barton, with conflicting accounts of what was said. During these conversations the subjects of Magnetic Resonance Imaging (MRI) scans and taking Fine Needle Aspirates (FNA) were raised.
6. By Thursday 30th November, Mr Barton and Ms Kozlowska had become unhappy with the treatment and advice being offered by Mr Segev and the fees being charged. They decided to return to Mr Hayes with Zoe, for his opinion. They informed Mr Segev's practice of this and requested that Zoe's case notes be sent to Mr. Hayes. This was done on Friday 1st December. Zoe was not taken to Mr Hayes' clinic until December 6th. Mr. Barton had collected the radiographs and took them to that meeting. When Mr. Hayes examined them he immediately recognised lung changes consistent with metastatic neoplasia, and on the basis of this, informed the owners that the prognosis was grave. On 11th December, this opinion was entirely confirmed by RCVS Recognised Specialist Oncologist Mr. Malcolm Brearley FRCVS of Davies Veterinary Specialists, Manor Farm Business Park, Hertfordshire ("Mr. Brearley").
7. Following Mr. Brearley's advice, Zoe was given continuing palliative care until her deteriorating health necessitated euthanasia on 2nd March 2007.

Chronological summary of telephone calls and meetings with Mr. Segev

8. There were a series of telephone calls and face to face meetings between Mr Barton, Ms Kozłowska and Mr Segev between Monday 27 November and Thursday 30 November 2006. There are significant disputes of fact between Mr. Barton/Ms. Kozłowska and Mr. Segev as to what was said or what occurred during these calls and at these meetings. A summary of the significant areas of dispute is as follows.

Monday 27 November (evening) telephone call from Mr Segev to Mr Barton.

9. Mr. Barton's evidence was that Mr Segev only reported a problem with the neck and shoulder on the left hand side, wanted to hospitalise Zoe and administer pain killers. Mr Segev told the Committee that, although by this time he had recognised signs indicative of probable metastatic neoplasia of the lung field from the radiographs, he wished to wait to convey this news face to face with the owners the following day. In this conversation, he says that he only referred to changes in the lung, but did not explain what they were. Mr. Barton said that there was no reference to Zoe's lungs in this conversation.

Tuesday 28 November (morning) telephone call from Mr. Segev to Mr Barton

10. Mr. Barton said that Mr Segev had wanted to keep Zoe for the day. This is not disputed.

Tuesday 28 November (afternoon) telephone call from Mr Barton to Mr Segev

11. Mr. Segev said that Mr Barton and Ms Kozlowska could collect Zoe. Acupuncture was discussed in relation to pain relief. Mr Barton's evidence on this point was that he did not give specific consent to this, and that when he later found that it was being done he was surprised. Mr Segev stated that Mr Barton had given oral consent to acupuncture during this telephone conversation.

Tuesday 28 November (afternoon) acupuncture

12. During the afternoon of Tuesday 28th November, Mr. Segev discussed Zoe's clinical condition with Ms Emma Styles MRCVS, who undertook acupuncture at the Medivet practice. Her evidence was that Mr Segev also discussed the relevant clinical history with her, and showed her the radiographs. She said that he told her that he suspected secondary neoplasia and felt that the dog needed an MRI scan in order to get a diagnosis of what was causing the pain in the neck/shoulder area, and whether this was due to a tumour or to something different. She said that it was her firm understanding that he was going to mention the possibility of an MRI scan to the owners.

Tuesday 28 November (evening) the consultation, Mr Barton, Ms Kozlowska and Mr Segev

13. Mr. Barton's evidence of this meeting is that, at the outset of the consultation, Mr Segev said he had very good news for them, that there was nothing to worry about, and the cancer had vanished, or words to that effect. Ms Kozlowska stated in her evidence that Mr Segev said 'Fantastic news, the tumour has not spread. It's all clear'.

14. Mr Segev then went on for 40 – 45 minutes to give, what Mr Barton described as a “lecture” on the skeleton, spine, ribs and shoulder. Mr Segev put up several radiographs telling Mr Barton that there was something going on around the shoulder. Mr Barton gave evidence that towards the end, he noticed a number of films which had remained in an envelope and enquired what they were. These were produced and some of them turned out to be radiographs of the chest. Mr Barton noticed that on one of them, there were some white discs about the size of a two pence coin in the chest area. He asked Mr Segev what these were. He said that Mr Segev replied that it was old scar tissue and not doing anything. He asked Mr Segev specifically if they were tumours and said that Mr Segev replied ‘Absolutely not’. Mr Segev confirmed in his evidence that the discussion about the lung radiographs took place at the end of this meeting, although he disputed Mr Barton’s version of events.
15. Ms Kozłowska’s evidence was that Mr Segev had the radiographs and showed them. She said that she noticed, on the lung picture, a round mass and a sharper shadow. Mr Segev had then said, “You can see these abnormalities but that is old scarring due to old age and it is not them that is causing the pain” and she qualified this evidence by adding “or words to that effect.”
16. Mr Segev told the Committee that he had planned to spend the majority of the consultation discussing lameness and pain, because this was his primary concern, and to bring up the lung changes only towards the end of that meeting. When asked if he was reluctant to show the radiographs, flash them up, or describe the lung abnormalities as scar tissue, Mr. Segev’s reply on two occasions was ‘Absolutely not’ and on the third ‘I refute it strongly.’ He said that he had told the Bartons about the lung abnormalities at the end of a lengthy explanation of the skeletal structure of the animal, saying that they were primary or secondary

spread and that the condition was not good and likely to be terminal. Mr Segev described the owners' reaction to the news as subdued and not what he had expected. In hindsight, he conceded that they might not have understood the significance of what he had just told them.

17. It was the evidence of Mr Barton, that following this consultation he and Ms Kozłowska returned home with Zoe, remarking to each other that the news on Zoe was so good and the cancer had not spread. Ms. Kozłowska stated that she had been very pleased that they had been told that Zoe was "in clean health".

Wednesday 29th November (morning)

18. Zoe was returned to the practice for further pain relief and a neurological examination. She was returned home that evening.

Wednesday 29th November and Thursday 30th November

19. There is some uncertainty about the date and timing of telephone calls made during these two days.
20. Mr. Barton told the Committee that he could not recall the timing of these telephone calls, but he was sure that at no time before Thursday 30th November, was there a conversation about MRI or fine needle aspirates.
21. Mr. Segev's evidence was that he rang Mr. Barton on the Wednesday evening to give an update and to discuss the next scenario, which included the option of an MRI scan to locate the source of the pain in the lower neck or upper leg. He said that Mr Barton had asked about the chest lumps and the possibility of FNA exploration of these. Mr Segev said he replied to Mr Barton that one could perform this procedure, but

that it was very tricky and the cell harvest could be very poor. Mr Segev said that he told Mr Barton that he would consult a neurology specialist and two colleagues. There was no discussion of cost at this time.

22. Following this, Mr Segev told the Committee that, he had contacted two Medivet colleagues and a Mr. Target, a neurologist, and was told by the latter that MRI using two positions would be justified to locate the source of pain in this case. None of these persons gave evidence to the hearing.
23. Mr. Segev testified that he rang Mr. Barton again to tell him that he had spoken to a neurologist. Mr Segev advised Mr Barton to check his insurance cover. He said that two separate days would be needed for the MRI and the FNA, but that he did not seek to persuade Mr Barton. Mr Segev said that when he spoke to Mr Barton he was at home and could not therefore produce an estimate. It is not clear to the Committee whether Mr. Segev is saying that this conversation took place on Wednesday evening, or on Thursday morning.

Thursday 30th November

24. Mr Barton and Ms Kozłowska gave evidence of a telephone conversation with Mr. Segev in the morning of the Thursday. Ms Kozłowska said she was able to listen to the conversation , because she heard part of the conversation between Mr Barton and Mr Segev on loudspeaker. Their joint evidence was that Mr Segev told them that he had been able to arrange for Zoe to have an MRI scan the following Monday, at a cost of £2,200. (Mr. Barton's evidence was that an MRI scan and fine needle aspirates had previously been suggested by Mr. Segev as possible further tests that could be carried out on Zoe.) Mr Segev also asked about the level of Mr. Barton's insurance cover.

25. Following discussion between Mr Barton and his partner, Mr Barton rang Mr Hayes, his usual vet, to discuss the situation, including the costs and range of treatments being proposed. Mr Barton stated in his evidence that during his telephone conversation with Mr Hayes, Mr Hayes suggested that an MRI scan would cost between £600 and £800. He agreed to provide a second opinion.

26. Mr. Barton said that, in the late evening of Thursday 30th, Mr. Segev called him from his surgery. There followed a lengthy conversation (1 hour) when Mr Barton took issue with the scale of Mr. Segev's charges, and the necessity of carrying out this procedure. Mr. Barton informed Mr. Segev that he had consulted with Mr. Hayes, and had discovered that he could have the same procedure carried out at no more than £800. Mr. Barton stated that, during this conversation, he felt that he was being pressurised into agreeing that the MRI procedure should go ahead. Mr. Barton also stated that Mr. Segev took exception to another vet casting aspersions on him, and suggested that this was unprofessional behaviour on the part of Mr. Hayes, and that he would be reporting him to the Royal College. Mr. Barton says he made it clear to Mr. Segev during this call that he had completely lost confidence in him and his abilities, and that he wanted no more to do with him.

27. Mr. Segev says that he did ask Mr. Barton to check the level of his insurance cover, because of the cost of the treatments being discussed. He says that he only had a short conversation with Mr. Barton in the morning of Thursday. He telephoned him in the evening, which is when he says he gave Mr. Barton estimated costings for the MRI scan (£2,200) and for the FNA (£1044), and pressed for a decision as to whether or not he wanted to go ahead with the MRI scan with a slot he had obtained on the following Monday. He says that Mr. Barton said he would think about it and come back to him.

Friday 1 December 2006

28. On Friday 1 December, as recorded in the Medivet notes, Mr. Barton informed Medivet that he was moving back to Village Vets (Mr. Hayes) and asked to pick up the X-rays.

Mr. Segev's Clinical Records

29. The Committee makes the following observations on Mr Segev's clinical records in relation to Zoe, based upon the advice contained in the RCVS Guide to Professional Conduct (2006).

The RCVS Guide to Professional Conduct, 2006, reads:

Case records should include details of examination, treatments administered, medications prescribed and or supplied, radiographs, the results of any diagnostic or laboratory tests and advice given to the client. It is prudent to include notes of telephone conversations, fee estimates or quotations, consents given or withheld and contact details.

30. Mr Segev's case notes on Zoe Barton are not in strict chronological order. The first sequence is dated consecutively and daily from 27-11-2006 to 30-11-2006. The dating then recommences at 27-11-2006, running consecutively and daily to 01-12-2006. Other entries relating to matters after the dog's care had been transferred to Mr. Hayes of Village Vets, are dated the 7, and 27 December 2006, 2, 3 and 6 January 2007.
31. Mr Segev, in his evidence, explained the anomalous dating by saying that originally he had not had time to write up his records. On 30 November

he wrote out the pricing, estimates and clinical notes, relating to the three days from Monday 27 to Thursday 30 November. He said that he had deliberately altered the date on the computer in order to give a sense of the chronology of what he was describing. Mr. Segev told the Committee that Zoe's case records were the only records that he had to update on Thursday 30 November.

32. Mr Segev's first entry on Zoe includes part of the clinical history from Village Vets. This partial extract gives the erroneous impression that the dog already had a 2cm mass in its chest. The Committee observed that the transcript of Zoe's records from Village Vets noted that there was a "suggestion that there may be a 2cm mass in the chest". This was investigated by Village Vets before the operation and a second X-Ray examination on 10th April 2006 showed that there was "so [sic] evidence of neoplasia", subsequently the surgery on the cancerous jaw was undertaken. (The context of this apparent typographical error is that there was no reason not to proceed with surgery.)
33. Mr Segev's contemporaneous note of the 27th November contains no record of the radiographic study carried out on Zoe, or of any advice given to the client. The contemporaneous notes of the next 3 days (28th to 30th November) contain no update on the dog's clinical condition. Such notes as there are, relate almost entirely to chargeable items and fee estimates. There is no mention of Zoe's progress, good or bad, or note of any communication with her owners.
34. The only detailed clinical notes were written one to three days after the events which the notes record, and thus were not contemporaneous. This involved overriding the automatic computer dating system. Mr Segev's evidence was that this was not the only instance when he had acted in this way.

35. The notes of Mr Segev's differential diagnosis contain almost entirely unusual, to very unusual, possibilities, such as "Schwannoma". In his evidence, Mr Segev agreed that strain or sprain would have been a very likely diagnosis in this case of an acutely lame Lurcher. He said that he included this diagnosis in his term "neck pathology".
36. A prime requirement of a clinical record is completeness, sufficient to ensure continuing patient care, especially when another veterinary surgeon may have care of the case. Nowhere is the possible diagnosis of sprain/strain mentioned as such.
37. The notes for the period 27 to 30 November nowhere record that Mr. Segev advised the owners on Tuesday 28 November, or on any other occasion, that Zoe had metastasis in the lungs, and that her condition was terminal. Indeed, there is no reference in the notes to the long consultation in the evening of Tuesday 28 having taken place at all.
38. Mr Segev's case records fall far short of those required to comply with the advice given in the RCVS Guide to Professional Conduct.

Assessment of the witnesses of fact

39. The Committee heard oral evidence on matters of fact, on behalf of the College, from Mr. Barton, Ms. Kozłowska, Mr. Hayes, Mr. Brearley, and Emma Styles. Mr. Segev gave oral evidence on his own account. Before evaluating the evidence as to the material issues of fact, the Committee proposes to explain its assessment and impression of these witnesses.

Mr. Barton

39. The Committee found Mr. Barton to be a credible witness, who was genuinely trying to assist the Committee. He was forthright, and sometimes passionate, and emotional, in the way he gave his evidence, but was clear and reliable in his account of the facts that were material to this case. He gave straightforward answers to questions put to him, both in-chief and in cross-examination. He was, at times, unclear as to the dates and times of telephone calls and meetings, and confused as to certain explanations that he was given by Mr. Segev. However, he was ready to acknowledge those areas in which he was unclear or confused. He obviously cared passionately about Zoe, and became visibly upset when he was giving evidence about being told by Mr. Hayes that her condition was terminal.

Ms. Kozłowska

40. The Committee found that Ms. Kozłowska was a good, clear, reliable and straightforward and convincing witness. She too was forceful in the way she gave her evidence. She came across as strong-willed and intelligent. She was plainly nervous about the ordeal of giving evidence in the formal atmosphere of the hearing, particularly as her first language was not English. She did not try to give evidence about matters that she did not witness, and was staunchly independent in her account of what she remembered of events. It was clear that at all material times her only concern was the welfare of Zoe. She too was slightly confused about dates and times, but the Committee was conscious that the events that she described were very stressful for her.

Mr. Hayes

41. Mr. Hayes came across as a first-class witness, who was credible, reliable and wholly professional throughout. The Committee formed the view

that he was a very competent veterinary surgeon. The Committee had no difficulty in accepting his evidence.

Mr. Brearley

42. Mr. Brearley was also a first-class witness, who was credible, reliable and wholly professional. He is a renowned oncology specialist, and brought his considerable expertise to the evidence that he gave. The Committee accepted his evidence.

Ms. Styles

43. The Committee found Ms. Styles to be a credible and reliable witness, who had limited, but significant involvement in this case. The Committee accepted her evidence.

Mr. Segev

44. The Committee was most unimpressed with Mr. Segev as a witness. They found him to be arrogant, complacent, and verbose when giving evidence. He was evasive in the answers he gave to key questions in cross-examination.. His responses to uncomfortable questions were lengthy and off-point, with no response to the questions put. The Committee gained the clear impression that Mr. Segev was constantly attempting to justify a difficult position with the benefit of hindsight. The Committee formed the view that he rationalised matters after the event. In considering the correspondence between Mr. Barton and the College, the Committee found that Mr. Segev's approach was defensive, hostile and sometimes aggressive. On almost all material points at issue, the Committee found Mr. Segev to be a witness whose account was not credible. Further reasons for this assessment appear below.

The issues to be decided

45. **Allegation 1**

1. Did Mr. Segev know that metastases was present in Zoe's lungs after radiographs were taken on 27 November? If so, when.
2. If yes, did he expressly or impliedly by words or conduct, represent to Mr. Barton and Ms. Kozłowska that the radiographs taken on 27 November indicated no obvious evidence of metastases in Zoe's lungs?
3. If the answer to 2 is yes, was he acting dishonestly in so doing?

46. **Allegation 2**

1. Did Mr. Segev recommend to Mr. Barton that Zoe should undergo diagnostic work, namely an MRI scan and lung aspirates?
2. If yes, when so doing, did he know or ought he to have known that such work was unnecessary and/or would not promote Zoe's welfare?

47. In considering whether these allegations are proved, and deciding these questions, the Committee bear in mind throughout that it is for the College to prove the facts required to support the allegations, to the requisite standard of proof, namely so that the Committee is sure.

Evaluation of the evidence of fact on Allegation 1

48. The Committee has no difficulty in answering the first question, namely whether Mr. Segev knew that metastases were present in Zoe's lungs after the radiographs were taken on 27 November. His own evidence by admission is that, when he saw the chest radiographs on 27 November, he immediately realised that the cancer from the earlier episode had spread, and that the animal was "doomed". In any event, he discussed the chest X-rays with Ms. Styles before she administered acupuncture on 28 November. She noted and they discussed "cannonball lesions" suspicious of tumour metastasis. Mr. Segev, therefore, knew that metastases were present in Zoe's lungs, and indeed that her condition was terminal, or probably terminal, by the time of the consultation with Mr. Barton and Ms. Kozłowska in the evening of Tuesday 28 November.
49. The answer to the second question primarily depends upon what was explained to Mr. Barton and Ms. Kozłowska by Mr. Segev at the 45 minute consultation on the evening of Tuesday 28 November. Mr. Segev accepts that he only dealt with the chest radiographs at the very end of the consultation. Before dealing with these radiographs, he showed Mr. Barton and Ms. Kozłowska the other radiographs of Zoe's skeleton, and gave them a lengthy explanation of the structure of the animal by reference to a textbook and diagrams. He says that he then showed Mr. Barton and Ms. Kozłowska the lung radiographs, and explained that the white discs on the lungs were primary or secondary spread, and that the condition was likely to be terminal. However, as stated above, he described the owners' reaction to this as subdued, and concede that they may not have understood the significance of what he told them. He said he may not have used the term cancer or malignancy until a later conversation. The conflicting account of Mr. Barton and Ms. Kozłowska is set out above. The Committee accept the account of Mr. Barton and

Ms. Koslowska of what happened at the consultation on 28 November, and reject Mr. Segev's account as being wholly incredible.

50. By the time of the consultation on 28 November, Mr. Segev knew that the discs on the lung radiographs ("cannonball lesions") were evidence of metastatic spread of the earlier cancer, and that the animal's condition was probably terminal. He had known this since he looked at the radiographs over 24 hours earlier, yet said that he had taken a decision not to tell the owners until he saw them in person. That opportunity came at the consultation the following day. The Committee find it extraordinary that a veterinary surgeon with this knowledge would then embark on a long explanation of the bony anatomy of the dog, and possible causes of leg pain (which was rapidly resolving with analgesics and rest), before explaining to the owners that the earlier cancer had spread, and the dog's condition was hopeless. Mr. Segev accepted that the return of the cancer and the fatal prognosis was the dominant, and overwhelmingly important, diagnosis at that time. The Committee simply did not believe Mr. Segev's account of his explanation of the lung radiographs at this consultation. The Committee is unanimously of the view that Mr. Segev chose to conceal from the owners at the consultation on 28 November the fact that the radiographs showed that the cancer had spread. They accept the evidence of the owners that he in fact told them the precise opposite, namely that it was good news that the cancer had not spread, and that, as Mr. Barton put it, he "pooh-poohed" the discs on the lung radiographs, and dismissed them as old scar tissue.
51. The Committee is in no doubt that Mr. Barton and Ms. Kozlowska left the consultation on 28 November in the belief that they had been given good news: the cancer had not returned. They both gave evidence, which the Committee accepts, that they discussed this together in the car when taking Zoe back home after the consultation. The Committee is also sure

that the owners were unaware of the return of the cancer, and of the terminal prognosis, until they saw Mr. Hayes on 6 December. Mr. Hayes gave evidence to the Committee that, when Mr. Barton and Ms. Kozłowska came to see him, he got the impression that they had no idea about the return of the cancer, and that Mr. Barton was adamant that no mention of metastases had been brought up. They went to see him for a second opinion about Zoe's lameness, because they were unhappy about the Medivet suggestion that the next steps should be expensive tests in the form of an MRI scan and lung aspirates. They did not seek a second opinion about cancer. The Committee accepts Mr. Hayes evidence on these matters. His account is consistent with that of Mr. Barton and Ms. Kozłowska. Ms. Kozłowska told the Committee, and it accepts, that she was devastated when she was told by Mr. Hayes that Zoe's cancer had returned, and that she only had months to live. It follows from these findings that the Committee rejects the evidence of Mr. Segev that at some stage after the consultation on Tuesday 30 November he had a conversation with Mr. Barton in which cancer or malignancy was mentioned.

52. The Committee noted that Mr. Barton wrote a letter to Mr. Segev dated 9 January 2007, in response to an earlier letter from him complaining about remarks allegedly made about him by another vet, and threatening to sue for his fees. In this letter, Mr. Barton said:

"It is also interesting that you had still not come up with a diagnosis when I decided to go elsewhere for treatment and further advice, despite your inordinate and in my opinion unnecessary fees.

When Mr. Hayes examined her, he immediately found that there were swollen glands in her neck and that she reacted with pain

when these were palpated. This, together with YOUR OWN X-rays, led him to the diagnosis of secondary cancerous growths. He immediately referred me to Davies, the oncology specialists, who almost immediately on examining her and the x-rays confirmed Mr. Hayes' diagnosis.

It would appear that you missed or ignored a simple diagnosis, which was confirmed independently by two of your fellow professionals using your own x-rays and their diagnostic skills".

53. The terms of this letter are wholly consistent with Mr. Barton's account as given to the Committee. However, the Committee has concluded that the diagnosis of the return of cancer in Zoe was not missed by Mr. Segev, but was concealed from the owners.

54. In letters from Mr. Segev to the College dated 3 September 2007, and 11 February 2008, having seen Mr. Barton's witness statements, he asserted in clear terms and repeated that on the evening of 27 November he advised Mr. Barton by telephone that he had noticed lesions in the lungs, and these looked malignant, and that the prognosis was poor. He said that this was reflected in his clinical notes. Mr. Barton has always denied that anything was mentioned about Zoe's lungs on the Monday evening. Mr. Segev later stated in evidence that the assertions in the letters were incorrect, and he did not mention the lung lesions or the prognosis on 27 November. In the view of the Committee, this is a material piece of evidence in respect of which there was an apparently plain conflict of evidence between Mr. Barton and Mr. Segev. Mr. Segev resiled from these assertions in evidence. The Committee formed the view that, in these letters, he was in fact seeking to advance and pursue a material assertion in support of his case, which he must have known to be untrue.

55. The clinical notes made by Mr. Segev are dealt with above. The Committee finds it significant that the original contemporaneous notes for 27 November make no mention of the X-rays showing that Zoe had a condition which Mr. Segev admits was obvious, terminal and very important. It is only the second note of 27 November (made on 30 November according to Mr. Segev), that mentions “cannonball masses” on the chest X-rays taken by Mr. Segev. That note makes no mention of the conversation with the owners on the evening of 27 November. Significantly, the second note for 28 November (made on 30 November) makes no mention of the lengthy consultation with the owners on that day, or that Mr. Segev told them about the recurrence of cancer, and the terminal condition of the dog, and there is no other mention of this elsewhere in the notes. The Committee find it astonishing that, had Mr. Segev’s account of events been true, he would not have recorded in the notes the obvious and overwhelming diagnosis that Zoe was suffering from terminal cancer, and that he had informed the owners of this. Instead, the notes appear to focus on examinations, procedures, tests and medication for which charges would be made.
56. The Committee, accordingly, is sure that Mr. Segev represented that radiographs taken in November 2006 by his practice indicated no obvious evidence of metastases in Zoe’s chest.
57. The final question is whether, in making such representations, Mr. Segev was acting dishonestly. The Committee has already found that Mr. Segev knew as soon as he saw the radiographs of Zoe’s chest on 27 November that he had cancer and was terminally ill. He admitted that this was the most significant factor concerning the dog’s condition. Zoe was brought to Mr. Segev because of acute 10/10 lameness and extreme pain. By the time that Mr. Segev saw the owners in the consultation on Tuesday 28 November, Zoe’s condition for which she had originally been presented

had improved considerably with 2/10 lameness, and much less pain, as a result of analgesics/anti-inflammatories and rest. The Committee was of the unanimous view, taking into account the experience of the veterinary members, that, in these circumstances, it would have been imperative for Mr. Segev to inform the owners of the true condition of their dog immediately, and to advise them that all other symptoms paled into insignificance in consequence. The Committee was also of the view that the owners should have been advised immediately that the dog's improving physical condition was being successfully treated by conservative measures, and that this should continue.

58. Against that background, the Committee concludes that Mr. Segev lied to the owners about the recurrence of cancer, and the significance of the chest x-rays, which of itself is sufficient to found a finding of dishonesty. The reason why Mr. Segev chose to act dishonestly can only be known by him. However, the Committee thinks that it is to be inferred from the totality of the evidence that Mr. Segev acted in this way because he saw the opportunity of suggesting further expensive tests that could be performed on Zoe, in an attempt to identify the cause of her lameness and pain, with the consequent financial benefit for his practice. The Committee observe that the totality of Mr. Segev's notes appear to focus on the listing of matters for which fees could be charged, starting with a fee estimate at the outset on 27 November of £906.69, which was increased by a further £587.50 on 28 November. On 30 November, further estimates were recorded in the notes for £2202.33 for an MRI scan, and £1044.38 for FNA of the chest. These procedures were listed in the second set of notes for 29 November as items 1 and 2 to discuss with the owners. He was concerned to check that Mr. Barton was insured for the cost of the further tests. It is clear to the Committee that Mr. Segev already had it in mind in the afternoon of Tuesday 28 November to suggest an MRI scan to the owners, because he discussed that possibility

with Ms. Styles, the acupuncturist. Mr. Segev failed to record in his notes, or advise the owners, that the most obvious cause of Zoe's pain and lameness was a sprain or strain injury, which was resolving with conservative treatment.

59. In reaching its conclusions in relation to Allegation 1, the Committee has considered carefully the written closing submissions on behalf of the College, and on behalf of Mr. Segev. Mr. Segev's counsel posed a series of questions which he invited the Committee to consider when deciding whether Allegation 1 had been proved. The Committee has not found it necessary to deal with these questions individually. The issues that have to be decided in relation to Allegation 1 are essentially issues of credibility, as to which the Committee has reached its conclusions. The answers to these questions may only be known to Mr. Segev. The Committee has found that he lied to the owners of Zoe as set out above. In doing so, he may have been foolish, misguided, lacking foresight, greedy, or cunning, but the Committee are sure that he was acting dishonestly. They do not consider that he had a long-term plan to conceal the diagnosis of terminal cancer from the owners, but to postpone disclosure until after the further tests had been carried out.
60. The Committee also took into account the character evidence from a former colleague of Mr. Segev, Mr. Tony Lewis, who spoke warmly of his qualities and abilities. However, the Committee took this evidence into account in the way directed by the Legal Assessor. It does not alter the conclusions that the Committee has reached.
60. In these circumstances, the Committee is sure that, in making the representations referred to above, Mr. Segev was acting dishonestly. Accordingly, the Committee finds that Allegation 1 is proved.

Evaluation of the evidence of fact and the expert evidence on Allegation

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61. The first question to be considered is whether Mr. Segev recommended to Mr. Barton that Zoe should undergo an MRI scan and lung aspirates. The essential issue to be determined is whether, as the College contend, the impetus for the suggested further investigations came from Mr. Segev, such that he can be said to have recommended them, or whether, as Mr. Segev contends, he was simply responding to a request from Mr. Barton for information as to whether any, and, if so, what further tests were available to diagnose Zoe's condition.
62. In the first letter that Mr. Barton wrote to Mr. Segev dated 9 January 2007 he says:

"It seems to me that she [Zoe] was hospitalised unnecessarily and that your charges were excessive. The final straw came when you tried to persuade me that she needed an MRI scan urgently at a cost of £2,200. This, allied with your excessive earlier charges referred to above decided me to seek further advice from a different source was not because I was offered a cheap deal on a scan."

This letter was written in response to a letter from Mr. Segev, dated 5 January 2007, in which he indicated that any comments from another vet that treatment was unnecessary might be seen as unethical, and further said that, as he understood it, Mr. Barton left him because of the availability of a cheaper MRI scan. In this letter, Mr. Segev wrote:

"I still vigorously disagree that any of my care given or envisaged was unnecessary. I assure you that I can fully justify all of my

clinical recommendations on clinical grounds and on animal welfare grounds.”

63. The College submits, and the Committee agree, that the wording of these letters indicates that Mr. Barton believed that Mr. Segev had tried to persuade him to have an expensive MRI scan, and Mr. Segev is defending his “clinical recommendations”, and stating that his care “given or envisaged” was necessary. In spite of this, Mr. Segev in his evidence and in earlier correspondence was keen to deny that he had recommended any of this further treatment to Mr. Barton.
64. Mr. Segev told Ms. Styles during the afternoon of Tuesday 28 November that he was going to mention to Zoe’s owners the possibility of an MRI scan, to try and get a diagnosis of what was causing the pain. When Mr. Barton was asked about the suggestion from Mr. Segev that he was the one who seeking to persuade him to do things in respect of Zoe, rather than the other way round, he said that the suggestion was nonsense. Mr. Barton said that he had no idea that Mr. Segev was going to suggest an MRI scan. It is necessary to go into more detail about the events after the consultation on Tuesday 28 November.
65. There is no doubt that, at some point between the consultation on Tuesday 28 November and 30 November, both an MRI scan and FNA of the lungs were discussed between Mr. Barton and Mr. Segev. They both agree that this was so. Mr. Barton told the Committee that he wanted to know where the pain that Zoe was suffering was coming from, and whether there was any investigation that could be done to identify where it came from. He wanted to make sure that all the options were covered. Mr. Barton’s recollection of what was said about lung aspirates was unclear. He was not sure whether Mr. Segev was talking of lung aspirates, or simply needle aspirates of the neck and shoulder. He said

that lumps on the chest were mentioned. He said that he had no idea what kind of aspirates they were, and *"I only have a very cloudy understanding of what aspirates are, even at this juncture"*. It seems that, at the consultation on 28 November, Mr. Segev said that he would need to carry out some further investigations on Zoe. Thereafter, on either on Wednesday or on Thursday both an MRI scan and FNA of the lungs were mentioned on the telephone, and precise costings of both procedures were provided to Mr. Barton on Thursday, and were entered on Mr. Segev's clinical records that day – he says in the evening. As set out above, it was the recollection of both Mr. Barton and Ms. Koslowska that Mr. Segev phoned in the morning of Thursday, and said that he had got a slot for an MRI scan on the following Monday and that it would cost £2,200. Mr. Segev may have mentioned FNA as well. Mr. Barton and Ms. Kozlowska were concerned at this suggestion, and, particularly the high cost. Mr. Segev was told to put a hold on things and that Mr. Barton would come back to him.

66. Mr. Barton says that he then telephoned Mr. Hayes during Thursday, and explained how everything seemed to be getting out of control, and he felt he was out of his depth. He told him he had received some very high bills from Medivet, but what alarmed him was that it had just been recommended to him that Zoe should have an MRI scan. He asked Mr. Hayes how much an MRI scan of the shoulder and thorax area would cost, and was told between £600-£800. He said that Mr. Hayes was incredulous at the quoted cost of £2,200. Mr. Barton asked if he could bring Zoe to see Mr. Hayes for a second opinion. Mr. Hayes gave evidence of what seems to be the same conversation, a few days after 27 November, when the request had been made for Zoe's records to be sent to Medivet. Mr. Hayes told the Committee that Mr. Barton was telling him that the matter had been blown up into something he was not at all happy with. He explained that he thought Zoe had hurt her leg, and and

he went on to explain that after x-rays and a couple of days hospitalisation, they [Medivet] were advising MRI scans and some further investigations. Mr. Hayes said that Mr. Barton never explained to him at any time that the previous vet had given them a diagnosis of cancer. He said that Mr. Barton *“seemed to be concerned that the estimates he was being given for the procedures that needed to be done sounded to him excessive, and that he felt that the procedures were potentially unnecessary.”*

67. In the evening of Thursday 30 November, it is clear that Mr. Segev had a long telephone conversation with Mr. Barton. The rival accounts of this conversation are set out above. Mr. Barton believes that he was being harangued by Mr. Segev, and pressurised into agreeing to the MRI scan the following Monday. Mr. Segev admits that he pressed for a decision as to whether or not the MRI scan should go ahead the following Monday. He says that it was in that conversation that he gave Mr. Barton the estimates for the MRI scan and the FNA.
68. Mr. Barton said in evidence that he lost confidence in Mr. Segev on that Thursday, *“when he tried to railroad me into having an MRI scan, needle aspirates.”*
69. Mr. Segev’s case is that he only offered Mr. Barton the options of an MRI scan and FNA in response to Mr. Barton asking him whether anything else could be done to identify the source of Zoe’s pain, and that he never recommended or sought to persuade Mr. Barton to have an MRI scan or further treatment. He said that he explained to Mr. Barton, in particular, the risks associated with FNA. Mr. Segev’s case is that he put these further tests forward as possible options, but he claims that he did so having reminded Mr. Barton about Zoe’s terminal condition, and claimed that he was not confident that further investigations would be helpful to

Zoe in the long run.. He claims that he did this so that Mr. Barton had all the information he required to make an informed decision. He says that Mr. Barton turned down these tests on the grounds of cost (see eg. Mr. Segev's letter to Mr. Barton dated 11 May 2007). The Committee observes that there was absolutely no mention of any of these explanations or advice in Mr. Segev's clinical notes. It is significant, in the view of the Committee, that there is nothing in the clinical notes to record the most likely and straightforward diagnosis, which would explain Zoe's lameness and pain, namely a sprain or strain injury, which appeared to be resolving rapidly with analgesia and rest. Nor is there any evidence that this obvious diagnosis was ever explained to the owners.

70. It is suggested on behalf of Mr. Segev that the fact that lung aspirates were discussed indicates that Mr. Segev had told Mr. Barton that the discs on the lung radiographs were cancerous. The Committee has already found that Mr. Segev concealed the return of the cancer from the owners. On this specific point, Mr. Hayes was asked in evidence whether he gained the impression from Mr. Barton (when he saw him on 6 December and was telling him that lung aspirates had been suggested by Medivet) that he understood that the fact that there were lumps in Zoe's chest meant that the cancer had returned. Mr. Hayes replied that Mr. Barton seemed to imply that there was a question over what the lumps were. Asked specifically whether he got the impression from Mr. Barton that he had been told by Mr. Segev that the cancer had returned and that this was proof of it, the response was *"No, I did not."*
71. The Committee rejects Mr. Segev's account that he never recommended the MRI scan and lung aspirates to Mr. Barton. They accept the account of these matters given by Mr. Barton and Ms. Kozłowska, and find that they were indeed suggested and recommended by Mr. Segev. The

evidence of Mr. Hayes as to what he was told by Mr. Barton at the time is consistent with their evidence.

72. The Committee consider that Mr. Segev's explanation of events relating to these further investigations as set out in the letter dated 11 May 2007 is an example of a dishonest attempt to justify his conduct retrospectively. When Mr. Barton was asked about Mr. Segev's explanation of the events leading to the tests, as set out in this letter, he spontaneously gave the following emotional response, which the Committee considers reflects his deeply held feelings about this complaint:

"Absolute rubbish. Absolute nonsense. What incenses me is the difference between him and the other two vets, quite frankly; their immediate summation, based on his own X-rays. And it appalled me that he should be trying to bang on, to get me to spend money – and quite frankly I am not a pauper. I am semi-retired and with or without insurance there is no question of money needed. My present dog gets tons of money – sometimes too much money – spent on him, as a result of my partner's lavishing care on him. So this canard about money is absolute nonsense, really it is. The real issue and what incensed me, was him trying to, if I can use a colloquial term without offending this body – to bullshit me into trying to spend money for what seemed to be unnecessary treatments, when the two vets I went to – particularly the one I know very well, and the cancer specialist immediately said "Look there is no point in mucking around. The dog is going to die. Please accept it. Improve the quality of her life by giving her care, and when the time comes she needs to be euthanased". That is what it comes down to. I am just appalled by his haranguing me by letter, by telephone and his general incompetence."

73. In cross-examination, Mr. Barton thought that counsel was trying to put words into his mouth and said:

“Please do not put words into my mouth, Sir. What happened caused me to lose faith in him. I have explained the sequence of events, and I have never had that experience. I have been using veterinary surgeons over 33 years. Zoe was not my first dog, and my present will not be my last. The point is that I lost confidence in Segev’s ability to deal with me accurately and straightforwardly. The imputations that you are laying on me are your invention. I lost confidence and went back to my original vet, whom I would have gone to instead of Segev, if I had realised the seriousness of my dog’s complaint. I thought it was a simple mechanical injury – which again I have told you time and time again. On the Thursday, when he tried to railroad me into the lung or muscle aspirates and the MRI scan and my subsequent conversation with Simon Hayes, I lost total confidence in Segev. And yes, I believe he was trying to railroad me to pad his fees. Now, if he had done something for her, I would not – it would not matter a rat’s – I would have paid and there was no problem insured or not. I totally lost confidence in his ability to advise me to assist my dog. And consequently, I told him I wanted nothing further to do with him from that Thursday.”

74. The Committee finds that Mr. Barton did not reject the proposed tests on the grounds of cost, but because, by Thursday 30 November, he had completely lost confidence in Mr. Segev, and wanted nothing more to do with him, and told him so in the course of the evening telephone conversation. For the avoidance of doubt, the Committee is of the view, as submitted by the College, that the second set of notes for the dates between 27 and 30 November were created retrospectively (as is

admitted) and defensively by Mr. Segev on 30 November, when he realised that Mr. Barton had lost confidence in him, and that his conduct was under challenge.

75. Accordingly, the Committee is satisfied so that it is sure that Mr. Segev did recommend to Mr. Barton that Zoe should undergo diagnostic work, namely an MRI scan and lung aspirates.
76. The final question to be addressed is whether Mr. Segev knew or ought to have known that the further diagnostic work that he recommended to Mr. Barton was unnecessary and/or would not promote Zoe's welfare. The context in which this question has to be addressed is that this case concerns a dog (i) with terminal cancer, and a poor prognosis (ii) which had most probably suffered a sprain or strain injury, which appeared to be resolving rapidly with analgesia and rest.
77. Mr. Hayes believed that there was effectively nothing to be done, except palliative care, inevitably followed by euthanasia at an appropriate time. He made a referral to Mr. Brearley, who confirmed this assessment. As to the suggested further tests, Mr. Brearley said that an FNA going through lung tissue is fraught with potentially fatal consequences and really was not going to take forward the diagnosis. Given that there was not a treatable condition, he would not entertain FNA, and was of the view that it was not even worth mentioning to the owner. He also indicated that conservative management should be tried first, and if there was no response to it, an MRI could be considered, but only in the context that there was no tumour problem.
78. The Committee received expert evidence on behalf of the College from Dr. Laura Blackwood BVMS (Hons), PhD, MVM, Cert VR, DipECVIM-CA (Onc), MRCVS, and from Professor John Innes BVSc, PhD, Cert VR, DSAS

(orth), MRCVS. Dr. Blackwood is an oncology specialist, who has been a Royal College Specialist in Veterinary Oncology since 2001, and works full time in the oncology service of a busy referral hospital. Professor Innes is a veterinary orthopaedic specialist, who is Professor of Small Animal Surgery at the University of Liverpool, and Head of the Small Animal Division, within the Department of Veterinary Clinical Science, Faculty of Veterinary Science. The Committee also received expert evidence on behalf of the Respondent, from Mr. Gerald Polton, MA, Vet MB, MSc, MRCVS. Mr. Polton is an oncology specialist, who works for the North Downs Specialist Referral Practice. The Committee will say at the outset that it preferred the expert evidence of Dr. Blackwood and Professor Innes, whose evidence it found to be clear, cogent and persuasive. The Committee did not find the expert evidence of Mr. Polton very clear, and considered that his approach to the case tended to be theoretical, rather than practical, and rather academic. He seemed nervous when giving evidence, but the Committee drew no adverse inferences from that, noting that this was the first time that he had given expert evidence. To the extent that his opinion diverged from that of Dr. Blackwood and Professor Innes, the Committee accepted their views rather than those of Mr. Polton.

79. Dr. Blackwood could not justify needle aspirates. She said there was no point in knowing the origin of the pulmonary metastases for this patient, which obviously had a poor long term prognosis. Indeed, she said, an undergraduate could have recognised it. She described the first recourse as getting a second opinion. As to the MRI scan, she was unable to support an MRI scan, whether or not there had been metastatic disease. Crucially, the pain was responding well to conservative treatment. She thought it most likely that the dog was suffering from muscle soft tissue injury, which resolved. It responded dramatically to conservative management, and had no neurological deficit. She used the phrase “out

of proportion with the clinical presentation” to counter the suggestion that the MRI would yield useful diagnostic information. She said that the most striking feature about the dog was the knowledge that the long term prognosis was poor, because of the return of the metastatic disease. She said:

“I think it is unethical to carry out tests that are possible but with a variable chance of any significant information. It is against our professional role.”

80. Professor Innes was also unequivocal in his evidence. He indicated that sight hounds as a breed group, including lurchers, tend to be:

“At one end of the spectrum when it comes to expressing signs of pain they tend to have an exaggerated response to an examination to the point where it can be difficult to be sure about that response. Likewise, sprains are common and have a natural history of 7 – 14 days. One would want to see how this dog was progressing in 24 – 72 hours.”

81. Professor Innes also used the word “proportionate” in relation to the obvious context given by the metastases. The College seek to emphasise this word in this case. The College submitted that it is of the essence of professional behaviour and treatment that a veterinary surgeon is proportionate in his response. Mr. Polton agreed with this submission.

82. When asked to what extent the wishes of the owner are factored in, and whether this would condition his response, Professor Innes said:

“Not particularly. I would take time to educate them about common causes of lameness and the natural history that has been

observed, and the improving clinical picture. I would emphasise that the gold rule is first to do no harm, and not to intervene if the clinical picture is improving."

83. As to the MRI scan, Professor Innes was unable to support this, describing it as *"an eccentric proposal"*. He said:

"I think it is extremely unreasonable to embark upon an advanced imaging modality, an expensive imaging such as MRI, in this instance."

As to FNA, although it was not his particular expertise, he was also of the opinion that FNA were unreasonable in the context of this case.

84. Mr. Polton sought to justify an MRI scan because of the possibility of an intervertebral disc lesion acutely deteriorating, incurring the risk of a neurological catastrophe. Professor Innes pointed this was an uncommon cause of thoracic limb lameness in a dog, and the risk of a neurological catastrophe is rare. His view was that the response to conservative measures and the necessity to continue them made the proposal of an MRI scan unreasonable, contrary to Mr. Segev's case. He said that, in the face of an improving clinical picture, no reasonable practitioner would or should recommend MRI scanning of common sprains and strains in dogs at this time in the UK.
85. There were certain passages in Mr. Polton's expert report in which he made inappropriate comments on matters of fact in the case, which were nothing to do with expert opinion. He readily accepted in cross-examination that they were inappropriate. The Committee ascribes these unfortunate comments to the fact that Mr. Polton was an inexperienced expert witness, and nothing more.

86. Mr. Polton did not seek to support the use of FNA in this case. Thus, on this point, all expert witnesses are agreed that the proposal for FNA in this case was unsupportable.
87. Mr. Polton manfully tried to support the use of an MRI scan in the context of this case, if the client wanted it. Mr. Polton accepts that he is an oncologist, and not an orthopaedic specialist. Accordingly, he has to accept that expressing an opinion on the appropriateness of carrying out an MRI scan in this case is outside his area of expertise. The Committee found his reasoning in his attempts to support an MRI scan to be wholly unrealistic, and wrong. Mr. Polton suggested that there was a value to knowledge itself through performing an MRI scan in this case. This argument was dismissed by Professor Innes as *“academic”*. The Committee agrees. He further indicated that, in the context of the dramatic improvement in the clinical scenario, which was the over-riding feature, one would not educate every client about every possible test that is not necessary. As he said – even with a very insistent client – with money no object, the veterinary surgeon has a duty to give an appropriate response. Certainly, a general practitioner should refer to a specialist in that situation.
88. The Committee accepts the expert evidence given by Dr. Blackwood and Professor Innes, and rejects the expert evidence of Mr. Polton, where it differs. Both the College’s experts have given detailed critiques of Mr. Polton’s evidence both in writing and in the witness box. The Committee agrees with their views. The Committee firmly concludes that the recommendation that Zoe should undergo an MRI scan and/or FNA in the context of this case is, and always was, wholly unsupportable. In reaching this view, the veterinary members of the Committee have drawn on their own professional experience, as well as the evidence in the case.

They are in complete agreement with the evidence on these matters given by Mr. Hayes, Mr. Brearley, and the College's expert witnesses.

89. In these circumstances, the Committee, has no doubt at all that as a veterinary surgeon, Mr. Segev ought to have known at the time he recommended the further diagnostic work to Mr. Barton that it was unnecessary and/or would not promote Zoe's welfare. However, having regard to its earlier findings of fact as to the dishonesty of Mr. Segev, the unreliability of his evidence, and its conclusions as set out above, the Committee is satisfied so it is sure that Mr. Segev did in fact know that such work was unnecessary and/or would not promote Zoe's welfare.

Decision

90. The hearing of evidence and submissions in this case lasted many days. The Committee has had the benefit of transcripts of the entirety of the proceedings, and has carefully read and re-read those transcripts before reaching this decision. The Committee has also considered with care the documentary evidence in the case, and the written submissions of the College and the Respondent. The fact that much of this material has been summarised does not mean that the remainder has been ignored.
91. In the result, the Committee finds that both allegations against Mr. Segev have been proved.