JUDICIARY OF
ENGLAND AND WALES

Nottingham Crown Court

Sentencing Remarks of Mr Justice Jeremy Baker

31 May 2017

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Ian Stuart Paterson

1. Ian Paterson, you are 59 years of age, and are to be sentenced for 17 counts of Wounding with Intent, contrary to section 18 of the Offences Against the Person Act 1861, together with 3 counts of Unlawful Wounding, in respect of which you were convicted by the jury on 28th April 2017.

2. Each of these offences reflects the injury which you caused to 10 individuals, 9 women and 1 man, over a 14-year period between 1997 – 2011, when you carried out surgical procedures on their breasts, which you knew that no responsible body of duly qualified and experienced breast surgeons would have advised, because none of the procedures was necessary to maintain their health.

3. The background to your offending is that through hard work, and the application of your own talents, you qualified as a doctor in your early 20s, and thereafter, at the age of 35, were appointed a Consultant General Surgeon. Until that point in your career, all your work had been undertaken within the National Health Service. However, your

appointment as a consultant enabled you, in addition to continuing your work within the NHS, to undertake work in the private sector, which you did at two private hospitals in Birmingham. By 1997, you had a thriving private practice, specialising in the diagnosis and treatment of those suffering from breast problems, and were regarded by many of the local General Practitioners as the “Go-to” specialist, to whom they would refer their patients.

4. The offences of which you have been convicted were all carried out on patients who had been referred to you in your private capacity. Each of those individuals had presented themselves to their General Practitioners, after suffering symptoms within their breasts, which normally included lumps, or, occasionally, discharge from their nipples. Some of these individuals, initially at least, had private health insurance, whilst others decided to pay for private health care from their own resources. What, of course, was common to all these individuals was their concern that they were suffering from breast cancer, and their consequent reliance upon you to provide them with professional medical advice and, if necessary, medical treatment, including surgery.

5. The initial consultation with the patients normally involved you carrying out a clinical examination of the area of concern, following which you would arrange for the patient to undergo a mammogram and an ultrasound scan. The results of these latter examinations would normally be reported to you in writing by the radiologist later the same day; all of which reflected appropriate medical care.

6. However, thereafter, instead of faithfully reflecting the matters disclosed by those reports, and the results of subsequent histology, in your advice to the patients, most of which identified either none or only minor risk factors for the development of cancer, you deliberately exaggerated the risk that the patient would develop cancer, and advised either the necessity of undergoing continued surveillance of their symptoms at further consultations, or, on some occasions, the undertaking of various surgical procedures.

7. The reality was that, unbeknown to the patients, there was little, if any, need for continued surveillance, and none of the surgical procedures, which are the subject matter of these offences, was necessary to maintain their health.

8. The language which you used to convey the exaggerated risk of the development of cancer varied from patient to patient. However, as I have already observed, being anxious about the possibility that they were suffering from cancer, and, faced with advice from an expert in the field, each of these patients was vulnerable to exploitation, and, as you knew, was likely, as they did, to accept your misleading advice at face value.

Dr Rosemary Platt – Counts 1 – 3

9. The first patient was the retired General Practitioner, Rosemary Platt. In 1997, she discovered a lump in her right breast, and was referred to you, under the terms of her private health insurance. You carried out an initial excision biopsy, and the subsequent histology report stated that because it wasn't clear whether the risk factor LCIS was present, the histology had been sent to a nationally renowned expert in breast pathology for a second opinion. You failed to tell Dr Platt about the outstanding second opinion. Instead, you falsely described LCIS as being a malignant condition, which required a wide local excision and an axillary node clearance. Dr Platt accepted this advice, and agreed to undergo these procedures, which you carried out on 5th August 1997, and is the subject matter of Count 1.

10. After the operation, and despite the fact that neither the second opinion nor the post-surgical histology confirmed the presence of LCIS, only the low risk factor ALH, you falsely told Dr Platt that she had LCIS in her right breast.

11. Further unnecessary surgical procedures were carried out by you on Dr Platt, including; an excision biopsy of her right breast, on 8th May 2000, which was overcharged by using the code for a more extensive quadrantectomy, and; a further excision biopsy, on 4th May 2001.

12. The post-operative histology from these procedures, revealed no evidence of malignancy, only the presence of the low risk factor ALH, despite which, you advised Dr Platt to undergo a right breast mastectomy, together with immediate subcutaneous reconstruction. Dr Platt accepted your advice, and agreed to undergo these procedures. You carried out the mastectomy on 25th June 2001, and is the subject matter of Count 2. As a result of these procedures, Dr Platt suffered a significant loss of blood, and had to have collections of fluid drained from under her right arm.

13. Subsequently, you advised Dr Platt that, because she may have a similar condition in her left breast, she should undergo a four-quadrant biopsy of her left breast. Once again, Dr Platt accepted your advice, and agreed to undergo this procedure, which you carried out on 8th October 2001, and is the subject matter of Count 3.

14. Thereafter, Dr Platt was maintained under regular surveillance by you for the next 8 years, until 2009.

Marion Moran – Counts 4 & 5

15. In 1998 Marion Moran noticed a lump in her left breast, and was referred to you. Following an initial excision biopsy, the post-operative histology report recommended a wide local excision take place, because although the tissue which had been removed was likely to be benign, only part of the lump had been removed. However, when you carried out this operation on 18th November 1998, you also carried out an axillary node clearance, which was unnecessary, as no underlying malignant condition had been identified, and this is Count 4.

16. Thereafter Mrs Moran was maintained by you under regular surveillance, and you carried out 2 further excision biopsies of her left breast in 2001 and 2003. After the second of these operations, when there was still no evidence of any malignancy from the post-operative histology, you falsely informed Mrs Moran's GP that, "this is now the third area of pre-cancer that has been removed from this breast", and suggested that unless Mrs Moran underwent a mastectomy, there would be, "an inevitable deterioration towards cancer"; a matter which you repeated in similar terms to Mrs Moran's health insurers.

17. In so far as Mrs Moran was concerned she recalled you as a charming and reassuring individual, and believed that, because you were at the top of your profession, she had no reason to doubt your advice, that she had a pre-cancerous lump in her left breast, and should have a mastectomy, with immediate subcutaneous reconstruction. Mr Moran also recalled this consultation, and said that because he had recently lost a friend to cancer, he vividly recalled you telling his wife that if she didn't undergo a mastectomy, she would inevitably develop cancer in her left breast.

18. As a result of this advice, Mrs Moran agreed to undergo a left breast mastectomy, which you carried out on 21st February 2004, and is the subject matter of Count 5.

19. The reality was that nothing had been disclosed in the pre-mastectomy histology to justify this advice. Indeed, the opinion of the expert, Professor Drew, was that, if anything, the histology had disclosed increasingly favourable conditions within the left breast.

20. Moreover, not only was there nothing disclosed in the post-mastectomy histology which justified you informing Mrs Moran's GP that you were, "absolutely certain" that Mrs Moran had made the right decision to have the mastectomy, but there was nothing disclosed in any subsequent tests to justify you informing the GP over the next few years leading up to 2008, that there was evidence of malignancy, namely papillomatosis and DCIS.

Judith Conduit – Counts 6 & 7

21. In the period between May 2000 and January 2001, Judith Conduit was referred to you with painful lumps in her breasts. You carried out 4 excision biopsies on Mrs Judith Conduit's breasts, and told her that she was suffering from Dercum's disease.

22. The expert, Professor Drew, said that as this condition involves painful but benign fatty lumps, although a mastectomy might be considered as an operation of last resort, it is not one which was justified without a second opinion having been sought from a specialist in pain management.

23. You never referred Mrs Conduit for a second opinion, and instead, after the second of these biopsies, you told Mrs Conduit, that not only had the histology confirmed that she had Dercum's disease, but that in two previous cases you had dealt with, both women had been obliged to undergo mastectomies. By the time that you carried out the fourth of these operations, you told Mrs Conduit that the only way forward to cure the disease was to have a bilateral mastectomy, with immediate subcutaneous reconstruction.

24. Mrs Conduit accepted this advice, and on 9th May and 4th July 2001, being Counts 6 and 7, you carried out the two mastectomies, neither of which were necessary. Although the first of these two operations went relatively smoothly, the second did not, and after Mrs Conduit developed a blood clot during the reconstruction procedure, emergency equipment had to be obtained from the NHS. Moreover, because of post-operative infections, Mrs Conduit was obliged to return to hospital for ongoing medical treatment on about 94 occasions.

Patricia Welch – Count 8

25. Patricia Welch first saw you in 1998 about a lump in her left breast. Your initial treatment of her is not the subject of criticism, including an excision biopsy in March 2001. However, despite no evidence of malignancy having been revealed by the post-excision histology, only the low risk factors ALH and ADH, when you saw Mrs Welch and her husband on 27th March 2001, you told them that not only did she have pre-cancerous cells in her left breast, but that because of the stage which these cells had reached, it was inevitable that she would develop cancer; a situation which you described to her as being like a ticking time bomb in her left breast.

26. Mrs Welch said that because of what you told her, although you offered to maintain her under surveillance, rather than undergoing an immediate mastectomy, she agreed to undergo a mastectomy to avoid the risk, as you put it, that after any one consultation she could develop cancer, and then have to undergo radio and chemotherapy, in addition to the inevitable mastectomy.

27. In these circumstances, Mrs Welch agreed to undergo the mastectomy, and immediate subcutaneous reconstruction, which was carried out on 16th May 2001, and is Count 8. The surgery proved problematical, and Mrs Welch was obliged to undergo further operations over the next couple of years.

Carole Johnson – Counts 9 & 10

28. Mr and Mrs Johnson were publicans, and their employers provided them with health insurance. Therefore, when, in 1998, Mrs Johnson first developed some problems with her breasts, she was referred to you, and thereafter regarded you as someone in whom she could place her absolute trust; to her you were “God”, and she trusted you “110%”.

29. By 2002, Mrs Johnson had undergone a series of radiological tests, none of which had revealed any suspicious masses. However, despite this, you wrote to Mrs Johnson’s GP suggesting that there was a solid lump which looked like a fibroadenoma in her right breast. Although a fibroadenoma is a benign condition, you falsely described this to the GP as being a “dangerous and difficult diagnosis in a lady of this age.” Subsequently you advised Mrs Johnson to have the lump removed, and wrote to her GP again stating, “I think the time has come to remove it.” Mrs Johnson

accepted your advice, and you carried out an excision biopsy on 24th April 2002, which is Count 9.

30. Further unnecessary excision operations were carried out by you on Mrs Johnson's right breast in January 2004 and February 2005. It was during this period that Mrs Johnson's health insurers began to question the need for continuing treatment. Your response was to write to the insurers, falsely stating that the latest histology had shown that there was pre-malignant potential in her breast. Despite your letter, the insurers declined to fund any further treatment. However, such was Mrs Johnson's faith in you, that she and her husband decided to pay for your further treatment themselves.

31. In 2006 Mrs Johnson came to see you about a lump in her left breast, and the subsequent radiology disclosed that there were no suspicious masses. Despite this, you wrote to Mrs Johnson's GP falsely stating that the ultrasound scan had shown, "a rather worrying ridge of differing echo texture", and advised Mrs Johnson that she should have the lump removed. Mrs Johnson accepted your advice, and you carried out a wide local excision on 12th July 2006, which is Count 10.

32. In the following year, 2007, you carried out an excision biopsy of Mrs Johnson's right breast, which was again unjustified by the pre-operative radiology, which you also sought to justify, by falsely stating to the GP that it had disclosed "an area of different echo texture."

John Ingram – Counts 11 & 12

33. In 2006 Mr Ingram noticed that he had a lump under his right nipple, and, because he had the benefit of private health insurance, he was referred to you by his GP. You arranged for him to undergo an ultrasound scan and fine needle aspiration, the results of which disclosed that he had the common benign condition known as gynaecomastia, which required no surgical intervention. Despite this, you failed to mention this diagnosis, and instead, informed his GP that the scan had disclosed "a rather worrying irregular area", and told Mr Ingram that, because he had "pre-cancer", he would require to have the lump surgically removed.

34. Although Mr Ingram had a phobia about undergoing general anaesthetics, he said that he trusted you completely, and agreed to the procedure taking place. On the day when the procedure was due to take place, such was the level of Mr Ingram's anxiety that he had a panic attack, and could not go

through with it. However, arrangements were made for Mr Ingram to be immediately sedated on his return on 10th May 2006, and you carried out a right sided breast excision, which is Count 11.

35. Although the post-operative histology confirmed that Mr Ingram had gynaecomastia, because there was some concern that he might have the malignant condition known as DCIS, the histology had been sent off for a second opinion. When the second opinion was provided on 5th June 2006 it identified no features to suggest the presence of DCIS, and instead confirmed that Mr Ingram had gynaecomastia. However, you had not waited for this second opinion. Instead, you wrote to Mr Ingram's GP stating that the pathologists had agreed that Mr Ingram had "multi-focal changes along a spectrum from ADH to DCIS", and when you saw Mr and Mrs Ingram, you gave them an explanation which they both understood to mean that unless Mr Ingram had a bilateral mastectomy, it was inevitable that he would develop cancer in his breasts.

36. Once again, because Mr Ingram trusted your advice, he agreed to have the bilateral mastectomy, which you carried out on 7th June 2006, which is Count 12. Although the post-mastectomy histology confirmed that there never had been any justification for this procedure, when you saw the Ingrams after the operation, you told them that Mr Ingram had had his brush with cancer, and that because of the operation he would not need to undergo either radio or chemotherapy, and could now go in peace. Since the operation, Mr Ingram has had two different types of pain in his left breast, which has required further treatment.

Leanne Joseph – Counts 13 & 14

37. Soon after Mrs Joseph got married in 2006, she had a small amount of discharge from her left nipple. After having done some internet research for the best doctor to see about breast problems, her husband decided to pay for a private consultation, and you arranged for Mrs Joseph to undergo an ultrasound scan on 3rd October 2006, which reported that the appearance of the breast was normal

38. Despite this, when you saw Mrs Joseph, you told her that because she had pre-cancerous cells in her milk ducts, she needed to have an operation to remove them, and offered to carry out the procedure the following week. Mrs Joseph described herself as being devastated by the news. However, because she trusted you, she obtained a loan for the cost of the operation

from her parents, and agreed to undergo the Hadfield's procedure, which you carried out on 23rd October 2006, which is Count 13.

39. Before the operation, you wrote to Mrs Joseph's GP, falsely suggesting that the reason for the operation was that the discharge from Mrs Joseph's left nipple occurred so frequently that she was embarrassed about it. Whilst, after the operation, you again wrote to Mrs Joseph's GP, this time suggesting that the post-operative histology had shown that there was inflammatory ectasia, when there was none.

40. On 31st October 2006, Mrs Joseph returned to have her sutures removed, and you told her that because of the connection between the two breasts, it would be best if she had the same procedure carried out on the right breast. You arranged for an ultrasound scan of her right breast, following which you falsely told her that there was evidence of pre-cancerous cells in the right breast as well. Once again Mrs Joseph trusted your advice and after obtaining a further loan, this time from her uncle, she agreed to undergo a Hadfield's procedure on her right breast, which you carried out on 4th December 2006, and is Count 14.

41. Before the operation, you again wrote to Mrs Joseph's GP, falsely suggesting that the pre-operative radiology had shown that the ducts were dilated, and that the reason for the operation was that Mrs Joseph was now having a copious discharge from her right nipple.

42. The second operation resulted in Mrs Joseph suffering a significant amount of pain in her right breast, which required a further operation to be performed to excise the scar tissue.

43. In the following year, 2007, Mrs Joseph became pregnant, and she explained to her midwife, what you had previously told her, that because the ducts from her nipples had been disconnected by the two Hadfield procedures, she would be unable to breast feed her baby. When the midwife questioned this, Mrs Joseph came to see you in May 2008, and she said that for the first time, your attitude, which up to then had been so lovely and kind, changed to one of annoyance that your authority was being questioned by the midwife. Because of this, you wrote to Mrs Joseph's GP stating that it would be impossible for Mrs Joseph to breast feed her baby.

44. Mrs Joseph said that, because of the presence of other mothers breast feeding their babies, she found her inability to breast feed her baby a very

difficult experience, and the longer term psychological effects have been particularly pernicious.

Frances Perks – Counts 15 – 17

45. Mrs Perks was under your care for a period of about 14 years between 1994 – 2008. When you first saw Mrs Perks you emphasised to her that you wanted her to be able to trust you, and told her that because of her family history, she was at high risk of developing cancer, and would require to be reviewed by you on a regular basis. Mrs Perks said that at the end of this period, when she found out that her risk of getting cancer was no higher than anyone else, she felt she had been deceived by you.

46. In 2003, following an excision biopsy, you wrote to Mrs Perks' GP stating that the post-operative histology had revealed that ADH had been detected in her left breast, when none had been found. Moreover, in 2007, when another post-operative histology report only identified the presence of the risk factor LCIS, you carried out an unnecessary wide local excision of her left breast, and wrongfully informed Mrs Perks that she was likely to require a mastectomy.

47. In the following year, 2008, Mrs Perks noticed a further lump in her left breast which you tested by way of a core biopsy. However, when you obtained the resulting histology, instead of informing Mrs Perks, as you should have done, that the results were benign, you wrongfully informed her GP that there was some ductal atypia, and on 14th July 2008 carried out an unnecessary excision biopsy, which is Count 15.

48. Once again, following this operation, you mislead Mrs Perks as to what had been found in the post-operative histology, and informed her that as her left breast was becoming unstable, it would be wise for her to have a mastectomy, not only of her left breast, but of her right breast as well; a matter which you sought to persuade Mrs Perks' health insurers to fund, by falsely suggesting that there was a very high statistical probability that the right breast was diseased.

49. In fact, the next procedure which you performed on Mrs Perks was to take multiple core biopsies from her right breast, some 12 in all, in an operation which the expert Mr Moneypenny had never seen before, and was unnecessary, as Mrs Perks had not had any problems with her right breast at that time. This procedure took place on 20th October 2008, and is Count 16.

50. Your earlier attempts to persuade Mrs Perks' health insurers to fund a bilateral mastectomy were unsuccessful, and instead, on 15th November 2008 you carried out an unnecessary left breast mastectomy, which is Count 17, followed by an immediate subcutaneous reconstruction, as a result of which Mrs Perks was in a considerable amount of pain and discomfort.

Joanne Lowson – Counts 18 & 19

51. Mrs Lowson first noticed that she had a lump in her left breast in 2009. She was referred to you, and you arranged for a radiological examination, and carried out a fine needle aspiration. The results of these tests showed nothing suspicious, and there was no atypia in the breast. However, not only did you inform Mrs Lowson's GP that some atypical clusters had been found, but when Mrs Lowson returned to see you, you informed Mrs Lowson that the tests had disclosed the presence of abnormal cells in her left breast, and that whilst they were not cancerous at that time, they were unstable and you could not guarantee that they would remain non-cancerous. You said that the only way in which this could be dealt with was by way of surgery, and in the light of this false information, Mrs Lowson decided to undergo surgery, and you excised the lump on 1st April 2009, which is Count 18.

52. Following the procedure, although you correctly informed Mrs Lowson that the excised material was normal, you advised her to have annual check-ups with you, which she said increased her concern that she was at increased risk of developing cancer.

53. In the following year, 2010, Mrs Lowson found a new lump in her left breast, and neither the radiology and cytology reports disclosed that there were any suspicious features, nor atypia. However, once again, instead of faithfully informing Mrs Lowson of the true position, you told her that the results of the pre-operative tests were suspicious, and recommended removal of the lump. Once again Mrs Lowson accepted your advice, and the second excision procedure was carried out by you on 8th September 2010, which is Count 19.

54. After the operation, you once again advised Mrs Lowson about the importance of remaining under your surveillance.

Rachael Butler – Count 20

55. In 2005 Mrs Butler found a lump in her left breast, and was referred to you. She described you as being one of the loveliest persons she had ever met, and put her complete faith in you. You told her that although you were not worried about the lump, you were concerned about a discharge which you had found from her nipple, and advised her that she needed to undergo surgery straightaway. In fact, the pre-operative radiology which you had obtained revealed nothing of concern, but because you failed to tell Mrs Butler this, she accepted your advice, and you excised part of her left breast.

56. Following the first operation, Mrs Butler returned to see you in 2011, having found some further discharge from her left nipple. Once again you arranged for radiological examination to take place, which revealed no abnormality. However, instead of informing Mrs Butler of the true position, not only did you tell her that she was at high risk of developing cancer and needed to have surgery as soon as possible, but you also wrote to her GP saying that she had a very inflamed looking duct system, which wasn't going to get better until it had been removed. Mrs Butler said that because of what you had said to her, she agreed to undergo surgery, which is what you did, on 24th January 2011, when you carried out the removal of the duct system in her left breast in a Hadfield's procedure, which is Count 20. She said that following this procedure, she was ill for a long time.

General considerations

57. Inevitably, the effect of carrying out the unnecessary procedures upon these individuals, has varied from one to another. However, it is clear both from listening to their accounts during the trial, and subsequently having considered their victim impact statements, that the physical, and particularly psychological effect upon each of them, has been profound.

58. All of them have suffered the pain and discomfort associated with surgery, whilst some have suffered the debilitating longer-term effects of complications arising from the unnecessary procedures; especially those who have undergone mastectomies with immediate subcutaneous reconstruction.

59. All of them have been left feeling violated and vulnerable, whilst some have suffered prolonged psychological conditions, including post-traumatic stress disorder, anxiety and depression, which has required professional intervention and treatment.

60. All of them have been left with physical scarring to their bodies, and those who underwent mastectomies have had their breast tissues removed. The one man who was affected by this type of procedure has spoken eloquently of the effect that this procedure has had upon him, and it is probably difficult to overstate its psychological effect upon the women to whom it took place, which is best encapsulated by one of the victims, who puts it in these terms,

    "Now and probably for the rest of my life, when I look in the mirror I see a victim of Paterson, who took away part of being a woman."

61. In addition to economic losses caused to some of these individuals, either from the cost of the operations themselves, or the psychological impact on their employability, the other effect which is common to all these individuals has been their loss of trust in others, including the medical profession, and the reputational harm of your conduct may well extend beyond those immediately affected.

62. It may be that the full spectrum of your motivation for these offences will never be known. However, having observed you during the trial, and listened to the evidence, including your own, I have no doubt that in pursuit of your own self-aggrandisement and the material rewards which it brought from your private practice, you lost sight of the fact that you were carrying out significant surgical procedures upon your patients, and that, without any regard for the long-term effects which it had on them, you deliberately played upon their worst fears, either by inventing or deliberately exaggerating the risk that they would develop cancer, and thereby gained their trust and confidence to consent to the surgical procedures which you carried out upon them.

63. I have no doubt, as those who support you have attested, that you can be both a charming and charismatic individual; although, it is to be regretted that these are the same characteristics which you deliberately misused in this case, both to manipulate your patients into believing what you were advising them, and in your evidence at trial, when you sought to persuade the jury about the righteousness of your position. Unfortunately, I am also satisfied that there is a less attractive side to your character, and that is one of arrogance, which not only may have misled you into believing that you were untouchable, and that no one would dare to question your authority, as somewhat belatedly has now occurred, but has contributed to

the complete lack of remorse which you have shown for your offending throughout these proceedings.

64. In order to gain a proper understanding of this case, it is important to appreciate that the offences of which you have been convicted by the jury are not ones involving either negligence or even recklessness, where someone causes harm either by oversight, or knowingly or otherwise is working beyond their capabilities. On the contrary, as the jury found, these offences represent the intentional application of permanent harm by you upon patients who were in your care, for your own selfish purposes, rather than because they were necessary to maintain their health. In these circumstances, they represent the antithesis of the Hippocratic oath.

65. However, it should also be borne in mind that although I am aware that there may be other patients who have been adversely affected by other aspects of medical treatment which you have provided, they are not the concern of this sentencing exercise, which is limited to the offences of which you have been convicted upon the 10 patients who were the subject matter of the trial.

66. Moreover, although prior to the commencement of the trial, you sought to suggest that you were unfit to plead, (a matter which I rejected because I was satisfied that you were exaggerating the symptoms of the adjustment disorder which you suffered due to the exposure of your activities), it is no purpose of this sentencing exercise to increase any penalty imposed upon you in relation to these offences, because of this factor. Just as it will be no part of the sentencing exercise to increase the penalty upon you for the fact that you contested your culpability for these offences at trial, and thereby required those individuals to rehearse their experiences before the jury.

Sentencing guidelines

67. The task of determining the appropriate sentence in this case has been far from straightforward. Not least, due to the lack of precedent for a surgeon being sentenced for crimes of this nature. However, no one has suggested that the Sentencing Council's "Assault: Definitive Guideline" does not apply to these offences, and I am satisfied, not only that they apply, but that the factors which require to be considered under those guidelines, apply equally to this case.

68. It is common ground that, under those guidelines, the offences of which you have been convicted are Category 1 offences: greater harm being indicated by the particular vulnerability of the victims as patients, the injury caused to some of these victims which is serious in the context of these offences, and the fact that some of the patients were repeatedly assaulted; whilst higher culpability is indicated by the significant degree of premeditation.

69. Therefore, in relation to the offences of wounding with intent, the appropriate starting point is one of 12 years' custody, with a category range of between 9 – 16 years, whilst in relation to the offences of unlawful wounding, the appropriate starting point is one of 3 years' custody, with a category range of between 2 ½ - 4 years.

70. In addition to acknowledging that there are multiple factors which indicate greater harm, the first of which effectively includes what would otherwise be the aggravating factor of your abuse of your position of responsibility, the other aggravating factor is the ongoing effect of the injury upon the victims.

71. In so far as mitigating factors are concerned, you have no previous criminal convictions, and hitherto have been of good character. Moreover, not only do these convictions mark the end of your professional career, but they also represent a personal tragedy, most particularly for your children. I accept that these offences took place some time ago, and I have already mentioned that in the period leading up to your trial, you were suffering from symptoms associated with an adjustment disorder; albeit, this provides limited mitigation, as not only was this largely due to the exposure of your activities, but I am satisfied, as became patent during the trial, that you deliberately exaggerated these symptoms to seek to avoid being convicted of these offences.

72. The maximum sentence for wounding with intent, is life imprisonment. Due to the period over which these offences took place, the statutory provisions which provide for the imposition of discretionary life sentences, and other hybrid custodial sentences, have altered. However, the current sentencing regime, which applies to most of these offences, is that provided for by the Criminal Justice Act 2003, and, amongst other matters, I am obliged to consider whether there is a significant risk to members of the public of serious harm occasioned by the commission by you of further such offences.

73. When determining this matter, it is important to consider the context in which these offences took place, namely that they were all committed by you in your professional capacity as a Consultant General Surgeon. I make it clear that if there had been any realistic prospect that you would be able to continue to practice medicine, then I would have been of the opinion that there was such a risk. However, as I have already observed, the reality is that your medical career is at an end, and you will no longer be able to practice as a Consultant General Surgeon, or to act in any other professional medical capacity. In these circumstances, outside the context of surgery, I am not satisfied that you do pose such a risk, and I am satisfied that the appropriate sentence is a determinate period of custody.

74. The further matter which requires to be considered in this case, is the issue of totality, in that a proper balance requires to be struck between the acknowledgement of your multiple offending, and the imposition of a just and proportionate sentence. I have given careful consideration as to whether the multiplicity of your offending requires the imposition of a sentence outside the category range. However, it seems to me that in the context of this case, and bearing in mind the admixture of aggravating and mitigating factors, this would result in a disproportionate sentence, and that although an increase within the category range is clearly appropriate, its parameters allow for the imposition of a just sentence in this case.

Sentence

75. In these circumstances, the total sentence which I impose upon you will be one of 15 years' imprisonment. This will comprise sentences of 15 years on each of the offences of wounding with intent, and sentence of 4 years on each of the offences of unlawful wounding, namely Counts 3, 9 and 15. All the sentences will run concurrently with each other, resulting in the total sentence of 15 years' imprisonment.

76. You will serve half of that term before being released on licence for the remainder of the term. If, during the period of licence, you commit any further offences, or do not adhere to the terms of your licence you may be returned to custody.