Response to the HDC's 'information gathered during investigation' report regarding William Burton:

- Our GPs. ([redacted] Medical Centre x 2 and the After Hours x 1.) The GPs involved here, of whom I know are very experienced family doctors, were concerned enough about William to send him through to the emergency department – the highest point of contact for urgent referrals in Wellington (**twice**).
- Dr [redacted]. **Considered a diagnosis of meningitis and dismissed it**, after consulting with myself (what does that even mean? I'm an Economics teacher). She came close enough to admitting William that we were discussing the logistics of Wendy's and William's stay that night (what my wife would need in her overnight bag, etc.). It cannot be claimed that our boy was very ill, but that this could only be seen in retrospect. This was *the* paediatrician to whom all others in Wellington deferred to at this point of time, and Williams's symptoms read like a checklist of the warning signs of meningitis listed in the Well Child Tamariki Ora My Health Book (p. 219) – a book provided to all parents of new born infants in New Zealand. Our boy was very, very ill.
  It is particularly galling to read in the gathered information that Dr [redacted] considered social circumstances to be key in her decision-making that night (paragraph 21). It is absurd to believe that the social characteristics of our family count against us in a professional's decision-making. We are definitely "caring, intelligent and reliable" and, as such, we were obviously very concerned about the well-being of our son – which is exactly why we were there. If we were not so inclined, we would not have been there that night. Please take a moment to pause and reflect on this paradox.
- Gastroenteritis. In paragraph 45 it states the phrase "in the absence of diarrhoea", which is the exact information we relayed to each doctor and nurse who asked about it. The GP's notes make no mention of diarrhoea. There is a clear discrepancy in Dr [redacted]'s clinical notes (29) and her retrospective record (31), and our discussions. I am clear about this: **I questioned her diagnosis of gastro in the absence diarrhoea.** At no time did we indicate that William had diarrhoea.
  It is our contention that there is something severely remiss about the information provided by [redacted] regarding her gastro diagnosis.
- Dr [redacted]. Dr [redacted] states that she advised us to bring William back if fevers were ongoing. This is incorrect. She informed us that William's fevers would be ongoing for some days as gastro takes some time to get over. Dr [redacted] reiterates that "… I would expect fevers to continue for some days with this viral illness." Again, there is a clear contradiction here. We were to bring him back the next day if his fever was ongoing, and at the same time, expect his fever to be ongoing because of the gastro diagnosis? **We were definitely not encouraged by Dr [redacted] to return to our GPs or the Emergency Department (for a third time) if his fever continued**.
  Dr [redacted], a House Officer, with at most, six months of paediatric experience (if she was nearing the end of her rotation) was in over her head and over confident in her fledgling medical ability. It seems scarcely conceivable that a barely qualified doctor, with little paediatric experience, was left in charge at this point in time and had the highest responsibility for children (a very difficult medical specialty) in the Wellington region (see 26).
- Wellington Hospital. Paragraph 26 does not need explanation. The failed systems that resulted in a House Officer being responsible for making assessments. This system failure has been acknowledged by CCDHB. However, the **CAA Guideline, introduced in September had yet to be implemented.** It is our belief that an ED doctor would have provided a much better chance of diagnosis or further diagnostic testing than a House Officer ever could.

In sum, the litany of errors outlined above makes the quality of health services provided to William very, and undeniably, poor indeed. And this is exactly why we have made this complaint to the HDC.