

Heart surgeon allowed to operate after patients die

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Cardiothoracic surgeon Michael Byrom.

One of the nation's most prestigious heart surgery units has been rocked by allegations that hospital administrators endangered patient safety by allowing a doctor who had failed to meet surgical standards to continue to operate on patients unsupervised.

The cardiothoracic surgery department of **Royal Prince Alfred Hospital** in Sydney has been the subject of multiple probes during the past three years, with allegations of eight preventable patient deaths during or following heart surgery.

The surgeon at the centre of the investigations was allowed to return to surgery despite initial investigations — overturned by a later review — finding that his practice did not meet expected standards.

That prompted the resignation of two concerned surgeons who have escalated their complaints to the NSW Medical Council and the Health Minister.

The surgeons have claimed to the NSW government that their former colleague, cardiothoracic surgeon Michael Byrom, is “not fit to operate” and reported concerns about the Sydney Local Health District’s alleged “knowledge and concealment of the risks to patients and the failure of proper processes”.

The health district says it has exhaustively reviewed the matters, and is relying on the results of a Health Care Complaints Commission investigation that found there were no grounds to restrict Dr Byrom’s practice.

“The Health Care Complaints Commission, as the relevant external investigative authority, has examined these issues and found the clinician is fit for practice and that there are no grounds for disciplinary action or suspension,” a spokesman said. “The district accepts those findings.”

The concerned surgeons have documented the deaths of eight of Dr Byrom’s patients and multiple allegedly adverse surgical outcomes over a three-year period, during which Dr Byrom repeatedly surrendered his admitting rights but was subsequently allowed to continue to operate.

A surgeon familiar with the events said: “I have never encountered circumstances previously where a surgeon is internally suspended or voluntarily stood down in a unit on multiple occasions and yet continues to operate.”