

294. Dr Lawlor unlawfully detained these patients for the express purpose of enforcing their compliance with his research procedure and with a treatment which was necessary neither for their mental condition nor as an immediately life-saving procedure.

295. The nurses at Normansfield concerned in this matter did not receive the support to which they were entitled. This would have been serious enough in any event but in the context of their other difficulties it was more serious. It was the duty of Mr Rawlings and Miss Markham to pursue the matter to a satisfactory conclusion. Neither of them did so. On the footing that Dr Cockburn was apprised of the matter and felt it was a matter for Dr Meade he should have drawn the problem to Dr Meade's attention in clear terms; but we do not think he did so. Dr Cockburn did not pursue the matter to ensure that the issue had been clearly and properly dealt with. It is possible, for the reasons we have already referred to in the section on "The Division of Psychiatry" (paragraphs 124-139 above), that Dr Cockburn feared that Dr Lawlor might take legal action against him. If so, it is a sad commentary on the position that had by then been reached.

Recommendation

296. The ethical criteria applicable to the mentally handicapped are at least as rigorous as those applicable to subjects of normal intelligence. This should be emphasised in published material.

297. No medical experiment ought to be conducted on any patient in a hospital for the mentally handicapped unless:

- (a) the experiment is one designed to be of direct benefit to the patient concerned and not one undertaken solely for the purpose of the acquisition of knowledge; and
- (b) the experiment has been expressly sanctioned by the appropriate Ethical Committee in advance of its commencement; and
- (c) the patient (if capable) and the patient's next of kin have thereafter consented in express terms to the experiment.

298. It should be made clear to all staff that in research, as in other matters, staff are not bound to carry out a procedure which they truly believe to be against conscience.

299. We recommend that the Professional Purposes Committee of the General Medical Council be invited to consider Dr Lawlor's conduct referred to in paragraphs 280-294 above. In order that it may do so we recommend that the transcripts of the evidence on the subject be made available to it.

PRINCIPAL CONCLUSIONS AND RECOMMENDATIONS REGARDING DR LAWLOR

300. We make no apology for having dealt with and examined at considerable length the conduct and attitude of Dr Lawlor. Apart from the intrinsic importance of his part in the history of Normansfield since 1970 there are many

aspects of our findings which may prove useful in considering a wide range of practical problems arising in the NHS. The catalogue which follows should be read subject to the text of the main narrative of the Report as a whole and be regarded as no more than a summary of our principal conclusions regarding Dr Lawlor.

- (1) Dr Lawlor was in serious breach of duty for the major part of the time he was in post at Normansfield.
- (2) He was unsuited by personality and temperament to hold the whole time post of Consultant Psychiatrist in Subnormality at the hospital and his isolation there aggravated his shortcomings.
- (3) The adverse effect of his regime should have been foreseen by him. If he did realise the effect of his conduct and attitude on others concerned with the hospital at every level, he failed to moderate himself.
- (4) He failed to control his tongue or temper and made offensive and provocative statements regarding other members of the hospital staff and others concerned with the hospital and the patients. Such conduct was undignified, unbecoming a Consultant and likely to create an atmosphere of hostility instead of harmony in the hospital.
- (5) He failed to heed the counsel of those who drew to his attention the complaints made against him, and he failed to heed the consequences which had ensued and were likely to ensue. He was not prepared to listen to, respect and consider the opinions of others, to encourage their initiatives and ideas and to co-operate amicably and willingly with his colleagues and hospital staff as well as with the Health Authorities in serving the interests of the patients so that their potential was developed to the fullest extent possible.
- (6) Dr Lawlor was pathologically sensitive to what he saw as the supremacy of his professional role in and its direct relevance to virtually every aspect of the life of the hospital. This adversely dominated his relationships with and attitude towards members of the staff at every level.
- (7) Dr Lawlor inhibited, and in some instances actually prevented, the best care, treatment and attention being given to the patients.
- (8) By his conduct, attitude and hostility Dr Lawlor contributed significantly to the loss of or diminution in the services given by Dr Philip Bennison (Clinical Assistant), Dr Thomas Bell (Consultant in Physical Medicine), Mrs Vera Graves (Dental Hygienist), Mrs Maria Scott (Clinical Psychologist), Mrs Dorothy Smart (Physiotherapist), and the speech therapists. He also attempted to prevent or restrict outside medical staff from examining or treating patients at Normansfield and in some instances he succeeded.
- (9) Dr Lawlor's behaviour, manner and attitude towards members of the nursing staff were unjustifiably antagonistic and his general policy was unnecessarily restrictive. He made their difficult tasks more burdensome and this was a major cause of the deterioration in morale at the hospital. He completely failed to lead, encourage and support all members of the staff and others concerned with patient welfare to do their best for the patients.

- (10) Dr Lawlor was determined to resist the implementation of effective multi-disciplinary care and management procedures at the hospital. To this end he unjustifiably and often tactlessly interfered in spheres of activity, professional and otherwise, which were not within his province. He should have recognised, as was the fact, that he thereby undermined the authority and morale of other senior members of the hospital staff. His attitude towards his colleagues and other members of the staff being allowed full access to patient records was unreasonably rigid and unhelpful.
- (11) By his unjustifiably restrictive and hostile attitude towards the staff of the Local Education Authority school (a subject with which we deal in detail in the next Section) Dr Lawlor reduced the effectiveness of the teachers' efforts to educate the children in their charge and frustrated the attempts of both nursing and teaching staff to co-operate and work with each other for the benefit of the children. In particular Dr Lawlor unjustifiably forbade the teachers from going into the hospital wards at any time after 5th December 1973. He persisted in this attitude even though the ward staff frequently needed assistance and despite the fact that the teachers were keen to help with the children and to develop their relationships with them in order to improve the prospects of educating them.
- (12) He failed properly to supervise, monitor and moderate the "seclusion" policy in operation at Normansfield, whereby patients were deprived of their liberty and locked up. Dr Lawlor was well aware that the amount of time certain patients spent in seclusion was excessive and not justified by the criteria of which he approved. Furthermore, in February 1974 Dr Lawlor informed the Chairman of the Hospital Management Committee that the seclusion rooms were used only to monitor the effect of drug therapy on certain patients. Dr Lawlor knew this to be untrue. (The subject of seclusion is dealt with in detail in Section XV.)
- (13) Dr Lawlor approached the problems involved in preventing, dealing with and reporting injuries and accidents to patients in an unreasonable and neurotic manner. By classifying any mark on a patient's body, however slight, as an "injury" or treating it as the result of an "accident" and by his attitude to the reporting of these he created anxiety among the nurses and distracted them from the calm and confident conduct of their duties.
- (14) Dr Lawlor was not only untruthful when giving evidence to the Inquiry, but he caused needless and wholly unjustified distress and apprehension to nurses at Normansfield and to patients' relatives by giving or fostering the impression that nurses had been guilty of cruelty or to wilful ill-treatment of patients. He was well aware of his conduct in this respect but he took no prompt or adequate steps to express himself clearly to correct the erroneous impression that had been given.
- (15) Dr Lawlor's drug prescribing practices are open to serious criticism (see our specific conclusions and recommendations in paragraphs 278 and 279).

(16) Dr Lawlor's ethical practices are open to serious criticism (see in particular our specific conclusions and recommendations in paragraphs 293-299).

(17) The Health Authorities justifiably complained that his dealings with the Area Management Team and with the previous Hospital Management Committee were adversely affected by an unreasonable attitude of disdain and an unwillingness to co-operate with them save when their views coincided with his own. Furthermore, having manifested an aversion to co-operating with other disciplines both within and outside the hospital, Dr Lawlor failed to respond to several reasonable requests of the Regional Medical Officer (Dr P G Roads) that they should meet to discuss their problems. He had said in 1974 when the Organisation and Methods Team were in the final stages of their work that he had "no intention of changing his ways and was prepared to do battle" with the Authorities if necessary. The Authorities, however, showed no signs of being ready, able or willing to engage him in "battle" at any time.

301. We consider that in the light of the findings set out in this and the other Sections of our Report Dr Lawlor was in serious breach of contract and duty and there are substantial reasons therefore to

Recommend that:

- (1) Dr Terence Lawlor's contract as Consultant Psychiatrist in Sub-normality at Normansfield Hospital be terminated forthwith.
- (2) Dr Terence Lawlor be not re-engaged in any capacity in the National Health Service.