

Questions

1. Why did the army send out such a young and inexperienced doctor, not yet qualified as a GP, to such a chaotic, unstable and violent environment without adequate training? Have they been criticised or reprimanded in any way for that? What was the thought process, if any, behind the posting?

2. He was given a huge workload without proper support and supervision; has anyone thought of what else he was having to deal with at the time of Baha Mousa's death, what his working conditions were? – long hours, extreme heat, war injuries and psychological trauma? His primary responsibility was to give medical support to the troops.

3. What reason would Derek have had to lie? – he was completely new to this group of officers and men, and had no pre-existing loyalty to the regiment.

Derek Keilloh is accused of being part of a British Army cover up about human abuse/torture. Have the accusers considered why he left the army? He has no reason to feel any loyalty towards the army. He was horrified when he discovered what had been happening and wished to distance himself from it all.

4. William Gage said that he *should* have known that the detainees were being beaten, but not that he *did*. Does this imply that without the mitigating circumstances he probably would have known?

If he **had** actually lied and said that he **had** known that the Geneva Convention was being broken, would his penalty have been less severe?

5. Why has the man who worked very hard to save the life of Baha Mousa been punished? Apart from Payne none of the others involved, and no other officers, have been punished. Why has he been singled out? Was it possible to report him because he had a regulatory body?

If he had stayed in the army, would he have been protected by them against Phil Shiner (PIL) and the GMC punishment? Was he a 'scalp trophy'?

6. Is Derek's predecessor (MO of 1QLR) still in the army? Did he know what was happening? Has the GMC shown any interest or questioned his fitness to practice?

7. With regard to mitigating circumstances it has been said that if Derek had not been able to 'do his work to the best of his ability' because of the circumstances, he should have refused to work. What consequences would that have had? Should he have abandoned his duty to his colleagues by leaving them without medical cover, rather than sticking it out and doing his best? This comment could only have been made by someone with no understanding of, or sympathy with, the responsibilities which attach to the practise of medicine.

8. How were Dr Keilloh's notes and medical records, which he handed to the Special Investigating Branch Officer when he reported the sudden death, 'lost'?

9. Who are the people who have made this judgement?

The MPTS panel:

- Consisted of a retired Gynaecologist (Chairman); a practising GP and a lawyer.
- It is not clear how the panel is selected
- What qualifications are required to sit in judgement on doctors?
- It was expected that the panel would be made up of five individuals, this appears to vary from case to case.
- It is understood that being a panellist is a career - they receive their primary income from this work.
- None of these panellists had any military experience or experience of working in hostile environments.

10. Did the panel make their judgement, particularly the separate cases that Derek admitted, based on a 'well ordered' A&E department rather than a stressful war zone?
11. What qualifies them to judge a man to be dishonest in spite of strong evidence to the contrary (his reputation)? How does one prove if someone is lying or telling the truth?
12. How is it that the MPTS can destroy the hard-won career of a doctor on the balance of probability and without proving beyond all reasonable doubt? If Derek Keilloh had been before the panel prior to 2008 would he have been dealt with on the criminal standard of proof?
13. When the panel were asked what motive they thought that Dr Keilloh had for lying, they could not find one and said it was of no interest to them. Why not?
14. Was he deemed guilty before the hearing and did he have to prove his innocence? Where is the evidence that proves that he was lying? Others involved in the event in Basra in 2003, and the circumstances surrounding it, have changed their testimonies, can their word be believed?
15. Why was the large body of evidence about the psychological effects of stress situations on awareness and decision making not taken into account? Dr Keilloh was concentrating on his work and had no time to notice anything outside his remit.
16. Why did the GMC not suspend Derek pending the hearing and during its conduct if they thought that there was a possibility that he was not fit to practise?
He clearly IS fit to practise and has had an excellent reputation with his patients and colleagues in the local hospital and out of hours service, so why has an alleged lack of honesty about an incident so many years ago been considered severe enough to cause him to be, '*in the public interest*', '*unfit to practise*'?
17. The GMC website states that the new set-up with the MPTS will reduce stress on the doctors whose cases are being heard. Why did they stop and start the case three times without saying when the next session would start? Was this case too complex, high profile and sensitive for the panel to deal with?
18. Apparently the GMC/MPTS were in a period of consultation but we have been continually fobbed off and refused comment when we have asked questions about the whole case. Who has known about this 'consultation'. How was it publicised?
19. An impartial highly respected pathologist stated that the bruises were not likely to be evident on a dark skinned body so soon after the injuries were caused and in the environment as it was at that time. Has this evidence been ignored?
20. Allegedly Baha Mousa was dark skinned. The photograph taken six days after the incident shows a badly bruised pale skinned face. This has been used freely by the press as evidence that the bruises were visible at the time of death. Has it been tampered with? Did this photograph influence the MPTS judgement?
21. Under what conditions was the body sent to the place where the post mortem was to be? Were the conditions for keeping dead bodies and pieces of body adequate? At what point was the photograph was taken?
22. How can a solicitor, Phil Shiner of Public Interest Lawyers (PIL), acting for the Iraqi families, report a family GP working in England to the GMC for fitness to practise? Shouldn't they be dealing with complaints from patients in the UK? What was Phil Shiner's agenda? Do the GMC consider the agenda of the person making an accusation?

23. Why did the MPTS refuse to disclose who had reported Derek to the GMC? What did they have to hide?
24. How could PIL be allowed to drag such a case before the media? Under these circumstances could the MPTS be in any way impartial?
25. Were some of the newspapers e.g. Guardian and Independent, biased towards Phil Shiner?
26. Who paid for the Iraqi witnesses to come to this country? Why did some of them not come? Who wrote their statements? Why were the written statements accepted as fact when there was no opportunity for cross-examination?
27. Why did the MPTS choose Dec 21 to declare their verdict? - Just before everything closes for two weeks for Christmas and New Year. The papers were not available until after the New Year break, which meant that only two weeks were available to make decisions about an appeal and prepare for it.
28. How can a doctor appeal against a judgement when he no longer has a salary and his indemnity provider will no longer support him?
29. A struck off GP can re-apply for registration 5 years after erasure. He would have to prove that his medical skills are up to date in order to revalidate with the GMC. How will he do this if he has not been practising for 5 years? This sounds like a Catch 22 situation. Derek would also have to show insight and remorse for what he did. He cannot show remorse for something he did not do. Would they expect him to lie about not lying?
30. How could the GMC send a "Certificate of Past Good Standing" direct to Eire to accompany his application for registration after erasing him from the register two months previously?
31. How could the MPTS strike Dr Keilloh off the register for allegedly lying when all they did to Al-Byati was to suspend him?