

CURRICULUM VITAE

DR DAVID WILLIAM RAYMOND LUNT

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Personal details:

A happily married male of extensive FME experience and very highly qualified.

I am in excellent health which I have enjoyed to the full all my life. Participating in many sports, I have had the good fortune to play at provincial, national and even Olympic level (RSA 10 games). In 1972, I was lucky enough to be one of the 10 finalists for Natal Universities Sportsman of the Year award.

Forensic Medical Examiner Profile statement:

As an enthusiastic Forensic Medical Examiner, I have achieved a lifetime(33 years) of experience: fifteen years in South Africa, where district surgeons also do autopsies (I have done almost one thousand) and sixteen years of the practice of medicine in the UK (I am in my eighteenth year as a FME/expert witness in the UK). Blessed with abundant energy I have worked long hours all my life and continue to do so.

With the proven achievement of being a life-long learner as well as recent relevant qualifications and research publications:

1) I was a speaker at the Association of Forensic Physicians Conference in Dublin, 16 years ago (2004).

There I presented on the value of photographs and video as real evidence on which testimonial evidence can be judged. Evidential videos can be reviewed by all participants in the judicial system and give insights into what actually happened. Often used to judge testimonial evidence. As such they are widely used today.

2) Twelve years ago (16-19/05/2008) I was a speaker at the 9th Cross Channel Conference on Forensic and Legal Medicine in Torquay.

*There I presented on the cerebro-vascular effects of cannabis resulting in ischaemic and haemorrhagic stroke simultaneously in young users. The case that I presented had been missed by multiple health care professionals. **Cases are now being looked for and picked up.***

3) Ten years ago at the World Police Medical Officer conference in Dunblane, Scotland. I presented on " Biocrimes" that are becoming very relevant in our unstable modern world.

*In the UK, more than 10,000 new cases of HIV per year are spread, many without informed consent. **These could be rape and/or GBH that we need to investigate far more fully and publicly than we do especially in child innocent victims without infringing human rights and confidentiality.***

From wooden spears to stone axes and metal ammunition to nuclear power man has used all knowledge for both peace and war and still does.

Still increasing the 500,000 COVID 19 deaths need universal open forensic public international judicial investigation. These are our heroes and elderly.

4) Ten years ago I presented at the FFLM conference in Maidstone on the evolution of medical ethics in relation to alcohol drug use.

*I reviewed the substantial literature on loss of partial capacity through drug addiction and I described its relationship to the loss of human rights that occurred. **Since then I have done clinical research on this with drugs workers and presented it at international conferences.***

5) Six years ago I presented at the Chester FFLM conference on the FME duty of care in restoring Human Rights lost through drug/alcohol addiction and the need for rehabilitation.

I presented a paper showing that the present fitness to interview tests done by most HCPS is inadequate as it does not quantitatively assess impaired frontal lobe executive dysfunction. Patient participation in quantitatively assessing their impaired ability to make correct decisions, plan for the future and change their behaviour gives them insight into their impaired executive function and they become change ready for rehabilitation that the courts need to be aware of.

6) Three years ago. I presented a poster to the Acute and General Medicine International Conference in Exel, London. The title was; Getting your drugs addicted patients “change ready”. This also applies to other medical causes of impaired executive function. Further research in this field is badly needed and ongoing.

7) At present, in Covid 19 lock down because of my age, I give expert clinical reports to our courts on the above expert fields. My endeavour always is to manage medical conditions medically and avoid overcrowding our prisons with people who have medical conditions that contribute to their crimes and can be better managed with medical rehabilitation for the benefit of all concerned. From the patient to their family and their society to the complete judicial system everyone will benefit.

Justice is achieved not only for the patient but also the innocent victims! Rehabilitation is our joint aim and we are proud of it.

I wish to continue to practise high quality clinical work and keep updating my extensive knowledge in these rapidly expanding and challenging fields of universal endeavour in combating COVID 19.

Qualifications:

M.Sc.(Biochemistry)Natal 1972

This 6 years of fulltime study gives me a great depth of understanding of clinical signs and symptoms and the symbiosis of all life forms. It is this research background that has led me to investigate and achieve collectively improved clinical medical duty of care as shown in my above presentations.

M.B., B.Ch., (Wits) 1978

Together with Full GMC registration as a Principal since 1980 with a licence to practice. 40years until present.

BMA, MDU, FFLM membership followed.

MFGP(SA) 1992

The South African equivalent of MRCP

M.Prax.Med. (MEDUNSA) 1999

This is a four year practice of medicine specialist qualification in its own right. The humanitarian side of medicine that is often in conflict with consumerism but seldom realised to be!

Further relevant recent special training:

A&E Advanced Cardiac Life Support, June 1998, updated Feb 2001 and again in Jan 2006 with a mark of 94%.

Advanced Life Support with a mark of 86% in Jan 2014, retaken 6 months ago 11th and 12th July 2019 with a mark of 82% and 88%, this is valid for 4 years.

Registered with the UK Resuscitation Council at present.

Advanced Paediatric Life Support, July 1998, updated in Dec 1999

Advanced Trauma Life Support, August 1998.

Child and adult Safeguarding each year for the last 3 years level 3 Certification.

Forensic Medical Examiner qualifications:

**Post Graduate Diploma in Forensic and Legal Medicine
(Ulster, campus one)**

Foundation Member of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians, London.

These are very important in everyday expert witness work as well as the justice of rehabilitation. This enables me to play my full role in our justice system at all levels, not only as an FME but also as an Expert Witness providing unbiased and truthful reports to all our courts at all levels.

Appointments, experience and achievements:

Forensic Medical Examiner/expert witness, (7th August 2001 until present).

Hampshire Constabulary continuous with a tender being awarded to Healthcall and then subsequently to Primecare Forensics and then South Hampshire Ambulance Services. Reliance Forensic Medical Services and then London Met for 4 years.

Joined Medteam and worked for many years as a locum FME but abuse of zero hours contracts by police contract holders made working conditions impracticable and dangerous for road users.

At present work from my home in Portsmouth.

Relevant areas of excellence :

Since the 7th August 2001, I have been a very enthusiastic and hard working FME. There can be few FME's employed during this period who have equalled my response times or workload. My contribution to the team effort has been exceptional. Wherever possible I have helped out even when not on duty and have on occasions been the only FME covering the whole of Hampshire even when there were no nurses employed by Hampshire Constabulary at that stage.

Being always sober I have been called frequently when there is no other available doctor.

Research and publications:

Relevant published works include:

1 Lunt DWR. M.Sc Biochemistry, Dissertation ,Natal University.

Growth depression and pancreatic hypertrophy in rats fed Natal Round Yellow beans, 1971. This bean was eaten by the indigenous population and a good source of protein if cooked correctly.

Comment: Applied research in the field of 3rd world malnutrition and forensic toxicology.

2 Lunt D.W.R. Allaying the fears of a deadly uncleanness for life: HIV and the rape victim. S. Afr. Family Practice Dec1995

Comment: I am proud that many of the recommendations that I made in this paper 24 years ago are now considered modern new up to date practice in many world rape centres.

3 Lunt DWR, Edwards PR, Steyn K, Lombard CJ, Fehrsen GS. Hypertensive Care at a Cape Town Community Health Centre. S Afr Med J 1998; 88: 544-548

4 Edwards PR, Lunt DWR, Fehrsen GS, Lombard CJ, Steyn K. Improving cost effectiveness of hypertension management at a community health centre.

S Afr Med J 1998; 88: 549-554

Comment References 3 and 4 above were presented at plenary sessions twice to an audience of specialist physicians at the South African Hypertension Society conference. The only other

participant to be honoured in this way was the presenter of the Hypertensive Optimum Therapy (HOT) study.

5. Very strong on medical ethics and have submitted for publication my work on getting drug / alcohol addicted patients change ready.

I presented on this at a Poster Demonstration to the Acute and General Medicine Conference in London on 21st November 2017.

Comment:

Reversible brain pathology caused by various medical conditions including drug alcohol addiction lead to loss of human rights. These can be quantitated with patient participation and are highly motivational for change.

This is essential for informed consent to management but seldom complied with.

Summary:

As can be seen from my CV, I have worked continuously all my life.

In South Africa where A&E and acute primary care was my daily full time very heavy work load. I have a Civil Service pension covering from my 18th birthday to my 65th birthday. When I was paying into it the exchange rate was 2 Rand to the pound. It is now more than 20 Rands to the pound!

I therefore both needed and wanted to work in the UK where I am grateful for the agency work that I have obtained continuously to the present time as mainly a Forensic Medical Examiner and Expert Witness.

During this period I have also worked for the NHS doing assessments and Sections under the Mental Health Act of patients in custody.

From 1st Feb 2000 to 15 January 2004 I worked for the NHS on Pathology rotations before returning to South Africa.

My team effort and long hours of service to various constabularies has been exceptional.

Much of my work is now used in many constabularies especially video of real evidence. There is much more that can be improved by more primary FME care time in custody and training through team work of nurses. Deaths in detention continue to be a problem due to medical problems of mental health, polypharmacy and multiple drug use. My research into this is described above.

I enjoyed A&E work in very heavy workloads as a lone doctor in South Africa before retiring to the UK at the turn of the century.

I am now keen to see if I can still enjoy clinical work before finally retiring to my farm in South Africa and being near my grandsons.

There will be differences between the way that I have worked in the past but this has always been a beneficial learning curve.

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