



I, [REDACTED], oncologist, of Wellington, swear:

#### Introduction

1. I am a Consultant Oncologist with the Capital and Coast District Health Board. I have treated Lecretia Seales ("Lecretia") since 29 March 2011.
2. I have been asked to provide this affidavit in relation to Lecretia's statement of claim dated 20 March 2015.
3. The purpose of this affidavit is to provide the Court with evidence on:
  - (a) Lecretia's illness;
  - (b) the effects of the tumour on Lecretia to-date; and
  - (c) the suffering that Lecretia's tumour can cause;

#### Personal profile

4. My professional qualifications are [REDACTED]
5. I graduated in [REDACTED] and have worked as a consultant in Wellington since [REDACTED]. I have [REDACTED]. Relevant publications include:
  - (a) [REDACTED]
  - (b) [REDACTED]
  - (c) [REDACTED]
  - (d) [REDACTED]
6. I confirm that I have read the High Court Code of Conduct for Expert Witnesses as set out in schedule 4 of the High Court Rules. I agree to comply with that Code. To the extent that in this affidavit I give expert evidence on Lecretia's medical condition, I confirm that such matters are within my areas of expertise.

#### Lecretia's illness

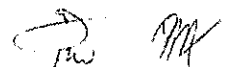
7. In or around March 2011, Lecretia was diagnosed with diffuse astrocytoma (grade II) with elements of oligodendroglioma. This combination is often abbreviated to "oligoastrocytoma".

8. Both astrocytoma (grade II) and oligodendroglioma are forms of brain tumour and both grow diffusely and infiltrate the brain.
9. Oligoastrocytoma is rarely cured. In Lecretia's case, the tumour has not responded to her latest treatment.
10. Lecretia has undergone surgery, courses of chemotherapy and radiation therapy.
11. My medical advice to Lecretia is that:
  - (a) the tumour is inoperable;
  - (b) further treatment cannot cure the tumour;
  - (c) further treatment may temporarily halt or slow progression of the tumour;
  - (d) despite any additional therapy the tumour will eventually continue to grow and cause further damage to Lecretia; and
  - (e) the tumour will ultimately prove fatal.
12. In my professional opinion, Lecretia could expect to live for a further period of between 3 and 18 months although there can be great variability between tumours in their behaviour. This may be slightly modified by additional therapy directed at restraining tumour growth.

**The effects of the tumour on Lecretia.**

13. The tumour is already impacting on Lecretia. Currently Lecretia:
  - (a) is partially paralysed on the left side of her body;
  - (b) cannot see anything left of centre, and is permanently barred from driving;
  - (c) has lost the full use of her left arm, leg and hand;
  - (d) suffers from fatigue;
  - (e) is unable to complete day to day tasks such as dressing herself or cooking, without assistance;
  - (f) suffers headaches and shooting pain in her left buttock;
  - (g) has difficulty swallowing liquids;
  - (h) is heavily restricted in walking unaccompanied; and
  - (i) has suffered a number of falls and resulting injuries, and is at risk of further falls and injury.
14. Lecretia's tumour could potentially cause a range of further impacts as it grows, depending on how it grows. The impacts set out above will likely become progressively much more severe. Possible impacts as the tumour grows include:

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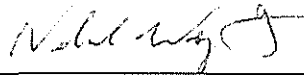
- (a) further, and eventually complete, loss of mobility;
- (b) total dependence on others, including as to daily hygiene activities and mobility (before it is completely lost);
- (c) headaches and other tumour related pain;
- (d) loss of memory;
- (e) loss of mental faculties;
- (f) seizures;
- (g) difficulty in swallowing;
- (h) personality and behavioural changes; and
- (i) loss of speech.

15. I will assist and advise on Lecretia's palliative care in conjunction with local hospice-based palliative care specialists and her GP, in my capacity as a palliative care specialist, as the tumour progresses. It is usually possible to secure good relief of symptoms such as pain and nausea and to suppress seizure activity. Loss of physical and mental capacity and behavioural changes can only be ameliorated to a minimal extent through pharmacological means and physical aids and assistance.

**Conclusion**

16. In short, Lecretia has a terminal (ie having a high probability of causing her death within 12 months) illness that is already causing her a number of symptoms, thereby resulting in her health and quality of life significantly deteriorating as set out above. The progress of the illness will likely have increasingly severe impacts on health and quality of life with death the ultimate outcome.

**SWORN** at Wellington this 2nd day of April  
2015 before me:



Dr Roland Wort  
Solicitor  
Wellington

A Solicitor of the High Court of New  
Zealand