

## LESLIE KEEGAN

Year of call  
1989



Leslie Keegan is a specialist in clinical negligence and personal injury cases.

His medical expertise renders him particularly suitable to act for Claimants in cases involving serious brain injury or complex medical issues.

Before coming to the Bar Leslie Keegan was a neurophysiologist.

A former caseworker for AVMA, Leslie has been called to the Irish Bar.

As well as running a very busy practice dealing with all aspects of clinical negligence and personal injury law, Leslie writes on clinical negligence issues and is frequently asked to speak on these issues. He lectured on the RCOG course for newly-qualified consultants and is a former member of the editorial board of Facts and Figures. He is a current member of the CPD Sub-Committee of the Bar Standards Board.

Leslie is also a contributor to legal journals and to television & radio programmes on both sides of the Irish Sea. He acted for a number of claimants who obtained compensation from the Residential Institutions Redress Board in Ireland and he is supporting the survivors of the abuse in the Mother and Baby homes in Ireland and those who underwent the symphysiotomy procedure.

## LEGAL EXPERTISE

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### Clinical Negligence

Leslie's practice encompasses all aspects of clinical negligence, including obstetric, cardiovascular, oncology, catastrophic brain injury and spinal injury claims. He also has a substantial personal injury practice, specialising in catastrophic brain and spinal injuries and those involving loss of one or more limbs. Additionally, he deals with cases involving withdrawal of medical treatment where, particularly in relation to children, families often

find it very difficult to accept the course of action being put forward by the treating physicians.

His background as a neurophysiologist is of particular assistance in managing all types of serious brain injury cases. It assists him in not only managing lay and professional client's expectations but allows him to press medical experts in all disciplines to consider issues which are not measurable such as a vulnerability following a life-changing event that can mean that although the client retains capacity they are nevertheless rendered more vulnerable to exploitation by unscrupulous individuals. Due to the fact that he spent a number of years representing local authorities, children and families in High Court and County Court proceedings, often in cases involving non-accidental injuries to children, he is very alert as to how this jurisdiction can be used when he encounters children or adults who have capacity but are rendered particularly vulnerable by index events to the undue influence of others. He has utilised it very effectively to prevent exploitation of clients who have suffered life-changing injuries of all types.

For over 10 years he has organised a 6-week series of medicolegal lectures at chambers and we have been fortunate to have been able to secure judges from the Supreme Court, Court of Appeal, High Court and County Court to chair these sessions as well as having eminent members of chambers and eminent medical practitioners speak on current medicolegal issues. The highly successful format involves having two eminent medical experts and one eminent legal speaker each week addressing a variety of medicolegal topics and the series continues to be highly successful.

Leslie's latest article in this area is on Racial Discrimination in Medical Treatment. Click [here for more](#).

## Selected Cases

### [FY v Nottingham University Hospitals NHS Trust \[2022\]](#)

Leslie represented the claimant in a complex clinical negligence case involving a spinal injury resulting from a failed medical procedure. Leslie was instructed by Geldards LLP.

The claimant, a fifty-seven-year-old male, received £1,275,000 total damages in August 2022 after he suffered damage to his spinal cord during a surgical procedure (an elective digital subtraction angiography) carried out in July 2016. He suffered profound sensory and motor loss in his legs resulting in weakness, constant pain and severe problems with bladder and bowel function and the absence of all sexual function.

In April 2016, C underwent an MRI scan which demonstrated Congestive Venous Thoracic Myelopathy which was thought to be secondary to an underlying Spinal Dural Arteriovenous Fistula at T10/T11. Dural arteriovenous fistulas (DAVFs) are abnormal connections between an artery and a vein in the tough covering over the brain or, as in this case, the spinal cord (dura mater).

In May 2016 C was advised by a Consultant Neuroradiologist that Spinal Digital Subtraction Angiography (DSA) was required to identify the site of the fistula and to assess any associated blood supply to the spinal cord. It was agreed that if the fistula was suitable for endovascular treatment (embolization) it would be done at the same time. Endovascular embolization is the most common form of treatment for an AVF. It involves: the insertion of a catheter into an artery (usually the femoral artery in the front of the hip); moving the catheter to

the location of the fistula, guided by fluoroscopic or X-ray imaging; injection of contrast so that the exact location of the AVF can be seen; injection of material into the exact location where the artery and the vein meet, to stop the blood flow.

On 6 July 2016 C was admitted and underwent the DSA procedure. During the second glue injection, glue refluxed into the radicular supply and then around the cord to reach the anterior spinal artery. When C awoke from the anaesthetic, he was found to have profound sensory and motor loss in his legs.

## **KF v Dorset County Hospitals NHS Foundation Trust (2020)**

The claimant, a 52-year-old woman, received £275,000 for a four-and-a-half-year delay in diagnosing and treating her multiple sclerosis, from January 2011. The MS progressed and affected her domestic, leisure and work capabilities.

It was argued that C suffered progression of untreated MS for four and a half years. She was unable to carry out certain normal daily activities, including heavy domestic tasks, and she had to reduce her working hours. Once she was correctly diagnosed, she received intensive therapy input to treat the MS.

C suffered a delay in being correctly diagnosed and brought an action against D alleging that it was negligent in 2011 for failing to appreciate that she had not suffered a stroke and in failing to refer her to a neurologist. C argued that the diagnosis of a stroke affected all further interpretations of her symptomatology. She contended that, if she had been referred to a neurologist in 2011, she would have been diagnosed as having MS and the episodes from April 2011 when she returned to D's hospital would have been recognised as MS relapses. C argued that it was likely that further MR brain imaging would then have been carried out to determine the suitable level of therapy, she would have been treated at an earlier stage with disease-modifying therapies, her disability would not have progressed as it did and she would have avoided the need for intensive therapy input. Liability was admitted although the exact amount of delay was in dispute.

## **McGowan v Vine (2018)**

Dental negligence claim arising from failure to refer the deceased to have swelling in jaw examined further. The deceased was a young mother and claim was resolved with very large payment to dependants.

## **Brooks v Great Western Hospitals NHS Foundation Trust (2018)**

Claimant is a Type 1 diabetic who had peripheral neuropathy and peripheral vascular disease. Whilst an inpatient prior to amputation of his right leg he developed a pressure ulcer on his left heel. This was an avoidable pressure ulcer and it was allowed to progress. The care afforded to the Claimant by the hospital fell below a reasonable standard and ultimately led to him having to have his left leg amputated by way of a below-knee amputation.

## **CT (a minor) V Basildon Thurrock University Hospital (2017)**

Case involved a negligent failure to advise the Claimant's parents to seek medical assistance in the event that the Claimant failed to pass meconium within 48 hours of birth. This caused a delay in the Claimant's

admission to hospital, which caused the perforation of his bowel, leading to septicemia, meningitis and hydrocephalus. Judgment entered for Claimant and large interim payments approved.

### TB (a minor) (2017)

Child suffered brain damage at birth. Judgment entered for Claimant after extensive negotiations where D was trying to argue that although there was negligence it did not cause all of the injuries. Liability established and large interim payments secured for child.

### Jackson v Cambridgeshire Hospitals NHS Trust (2017)

Fatal accident claim. Deceased had undergone a second kidney transplant and sustained a small bowel infarction due to profound hypotension resulting from septicemia. Whilst in intensive care he sustained fatal brain damage due to insulin being wrongly administered to him. Liability established and settlement reached.

### FP v Lewisham Healthcare NHS (2016)

Late diagnosis of brain tumour. When C's condition was diagnosed the removal of the tumour resulted in her losing her sight, sense of smell and some taste. Index injuries greatly impinged on all aspects of C's life and ability to care for her child. Liability established and 3 interim payments of £100,000 each obtained. Case also involved applications to High Court for orders restraining others from subjecting the Claimant to pressure. C had capacity but rendered vulnerable to undue influence.

### Jan Wilson Smyth v Public Health Wales NHS Trust (2016)

Involved death of a mother as a result of failure to treat cervical cancer. Difficult issues involving re growth rates of tumour but claim settled at Round Table Meeting. Difficult issues because one of the adult children was a protected party and, although she was living with her boyfriend, we successfully argued for her to have £95,000 for a future buddy-type carer.

### Northampton General Hospital Trust v M (2016)

Acted on behalf of parents where hospital sought injunctions preventing parents publicising details of treating doctors and nurses.

### PL V Dr. de Bruyne & Kingston Hospital (2015)

C suffered brain damage as a result of failure by GP and then by hospital to deal with a clot/stroke. Resulted in C suffering a second and more catastrophic bleed resulting in permanent brain damage. C is very severely damaged with cognitive deficits and physical restrictions. Liability established and substantial settlement agreed on behalf of C.

## Personal Injury

Leslie acts in a wide variety of personal injury cases. His medical science background means that he has

particular expertise in dealing with brain injury cases and cases involving complex medical issues but he has also acted in work related injuries, road traffic cases and a wide variety of personal injuries involving less complex injuries.

## Selected Cases

### Ryan v Negash

Claimant received a six-figure sum. Claimant was a pedestrian who sustained serious head injury. Case was complicated by argument about impact of the Claimant's unrelated neurological disorder on his functioning.

### Winterbourne

Claim involving serious brain injury to Claimant.

Leslie also acted for a large number of claimant's who brought claims before the Residential Institutions Redress Board in Ireland.

### MD V BETSI CADWALADR UNIVERSITY HEALTH BOARD [2022]

Leslie represented the Claimant (MD; DOB 24.05.74) in respect of negligent surgical treatment by the Defendant, resulting in C developing a Functional Neurological Disorder with significant effects on her ability to work and to carry out domestic and personal tasks.

Although it appeared initially that there was a possible physical cause for her sensory and motor deficits, in that a period of infection might have caused sepsis which led to hypoxia and brain damage, extensive investigation by multiple disciplines, including neurosurgery, neuroradiology, microbiology and GI surgery, led to the agreed conclusion that her deficits were psychological in origin. The neuropsychologists agreed that there was a pre-existing vulnerability which made her more likely to experience anxiety in response to stressful life events and that the deficits that she displayed were as a result of her psychological reaction to the index events. A settlement was reached for £775,000.

## Abuse (Claimant)

Leslie has been instructed on behalf of Local Authorities, parent and Children's Guardians in a wide variety of care proceedings at all levels of court up to and including the Court of Appeal. His medical sciences background and experience in dealing with care proceedings combine with his experience in personal injury law and his ability to cross-examine to provide very effective representation for survivors of abuse. As well as acting on behalf of survivors of abuse in England and Wales he has acted for a number of claimants who obtained compensation from the Residential Institutions Redress Board in Ireland and he is supporting the survivors of the abuse in the Mother and Baby homes in Ireland and those who underwent the symphysiotomy procedure.

## Sports Law

Leslie has a keen interest in sports law and in representing both individuals and organisations before all levels of courts and tribunals in the UK and Ireland. Being a member of the Irish Bar as well as a member of the Bar of England and Wales he is often called upon to advise and represent individuals and organisations on both sides of the Irish Sea. Leslie is also a member of BASL.

## Regulatory & Disciplinary In Sport

Leslie's background as a medical scientist is particularly useful in dealing with regulatory issues involving misuse of drugs in sport. As well as providing representation at tribunals dealing with these issues, Leslie lectures and writes on this subject in particular.

## Child Protection In Sport

Having acted in care proceedings dealing with child protection issues at all levels of court and having a busy clinical negligence & personal injury practice Leslie is very well placed to deal with issues of child protection that come up in this area. He has also spoken widely on these issues and has been instrumental in encouraging the relevant authorities to improve the systems in place for protecting children in sport.

## Court of Protection

Leslie is a former neurophysiologist and has a passionate interest in issues involving capacity and how disease or trauma combined with environment can impact on an individual's capacity to make decisions regarding issues such as treatment or finances. Leslie's experience means he is particularly well placed to represent and advise clients in Court of Protection matters involving clinical or medical decisions.

He has a good deal of experience advising and representing vulnerable individuals in both medico-legal matters and in the Court of Protection, as well as acting in cases where the failure to monitor medication has led to long-term mental impairment.

More generally Leslie is known for his ability to combine robust advocacy, excellent client care skills and a thorough knowledge of the medical and legal issues involved to bring about the best resolution of issues for clients.

## Memberships

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- PNBA