

URGENT

Our Ref: NP:NO:1138476

23 September 2022

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Dear Colleagues

**DEFAMATION OF DR MUNJED AL MUDERIS
CONCERNS NOTICE UNDER THE DEFAMATION ACT 2005**

1. We act for Professor Munjed Al Muderis.
2. Since 8 September 2022 Professor Al Muderis has been the subject of one of the most unfair, unjustified and unlawful attacks by a mass media organisation on the professionalism and character of a medical doctor in recent times.
3. Professor Al Muderis has instructed us to commence legal proceedings against each of the publishers in relation to the substantial and very serious harm maliciously and deliberately inflicted upon him.
4. As you know, Professor Al Muderis is required to provide this notice before he is permitted to commence defamation proceedings against you. We set out in the required detail the publications that Professor Al Muderis complains of, the imputations Professor Al Muderis alleges to have been carried by the matters complained of, the details of serious harm and the particulars of a claim of special and aggravated damages against you.
5. In addition to the publications referred to below, further defamatory publications are being made daily about our client, including in the *Age* and the *Sydney Morning Herald*. These may be the subject of a further Concerns Notice but will, in any event, be relied upon as evidence of the unmeritorious campaign engaged in by the publishers of that material against Professor Al Muderis.

Adelaide
Brisbane
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Darwin
Hobart
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Norwest
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6. Please confirm that you accept this letter as a concerns notice pursuant to the *Defamation Act 2005 (NSW)* and its counterparts in the other states and territories.

Matters Complained Of

Sneak Peek

7. From a time unknown to Professor Al Muderis on or about 8 September 2022, Nine Network published in every State and Territory of Australia an advertisement to Sneak Peek an episode of 60 Minutes (**Sneak Peek**).

8. The Sneak Peek continues to be available to be viewed on the 60 Minutes Australia YouTube page at the URL:

<https://www.youtube.com/watch?v=IV0H-Aca72E>

It is obviously not practicable to attach a copy of the Sneak Peek to this letter.

9. The Sneak Peek stopped airing at a time unknown to our client on 9 September 2022. The broadcast of the Sneak Peek recommenced on the Nine Network on about 14 September 2022 at which time it was also uploaded to the 60 Minutes Australia YouTube Page.

10. Professor Al Muderis was identified in the Sneak Peek, including by the use of his image on more *than* one occasion.

11. The Sneak Peek has been viewed on YouTube more than 24,000 times.

12. The Sneak Peek carried some or all of the following defamatory imputations (or imputations that do not differ in substance):

- (a) Dr. Al Muderis has negligently operated on his patients causing them to turn against him;
- (b) Dr Al Muderis has deliberately misled his patients about his surgical abilities, advertising first class service but delivering sub-standard care;
- (c) Dr Al Muderis has negligently conducted surgery on a patient causing him to cut his own flesh off;
- (d) Dr Al Muderis has negligently conducted surgery on a patient causing him ongoing excruciating pain;
- (e) Dr Al Muderis has negligently conducted surgery on his patients resulting in maggots in their surgical wounds;
- (f) Dr Al Muderis' negligence in performing surgery that resulted in maggots in a surgical wound was unprecedented;

Broadcast

13. From about 7.30pm AEST on 18 September 2022, Nine Network, Grieve, Steinfort and Clancy published in every State and Territory of Australia an episode of 60 Minutes entitled “*Cut to the point*” (**Broadcast**).

14. The Broadcast remains available to be viewed on the 9Now website at the URL:

<https://9now.nine.com.au/60-minutes/cut-to-the-point/d980135c-1cf0-429a-8fa5-6cc296fbd0a>

It is obviously not practicable to attach a copy of the Broadcast to this letter.

15. The Broadcast carried some or all of the following defamatory imputations (or imputations that do not differ in substance):

- (a) Dr. Al Muderis falsely portrays himself as a devoted doctor when in fact he does not take adequate care of his patients;
- (b) Dr Al Muderis negligently performed surgery on Mark leaving him with out of control infections that maggots infest an open wound;
- (c) Dr Al Muderis abandoned his patient Brennan Smith after surgery causing him to take to his own leg with a kitchen knife;
- (d) Dr Al Muderis prioritises money over his patients' care;
- (e) Dr Al Muderis made false promises to his patient Mark about the prospective success of his surgery when in fact the surgery caused Mark's condition to worsen;
- (f) Dr Al Muderis negligently performed surgery on Mark causing horrible complications namely excruciating pain and disturbing infections that gave off a repulsive odour;
- (g) Dr Al Muderis made fun of his patient Mark's concerns about an infected wound after surgery instead of taking them seriously;
- (h) Dr Al Muderis callously ignored a video from his patient Mark which showed maggots breeding in his leg after surgery;
- (i) Dr Al Muderis made false promises to Brennan Smith about the prospective success of his surgery and failed to properly warn him about possible complications;
- (j) Dr Al Muderis falsely led his patient Brennan Smith to believe that the surgery he was going to have was always successful when the reality was it was a disaster;
- (k) Dr Al Muderis ignored his patient Brennan's hypergranulation causing him to cut the growth off himself with a kitchen knife;
- (l) Dr Al Muderis breached his duty of care as a doctor to his patient Brennan in relation to his post-operative care;

- (m) Dr Al Muderis cares more about his reputation, status, profits and the media than properly caring for his patients;
- (n) Dr Al Muderis runs his surgical practice as a numbers game, focussed on getting large numbers of patients to have the surgeries and then neglecting their care afterwards;
- (o) Dr Al Muderis abandons patients in Iraq and Cambodia after surgery leaving them to deal with traumas and infections;
- (p) Dr Al Muderis makes false promises to patients in Iraq and Cambodia that he fails to deliver on;
- (q) Dr Al Muderis preyed on patients who were vulnerable both physically and mentally in order to exploit them for his own financial gain;
- (r) Dr Al Muderis exploited vulnerable patients by performing surgeries on them that they could not afford;
- (s) Dr Al Muderis' conduct of his business as a numbers game, exploiting vulnerable patients was appalling and beneath contempt;
- (t) Dr Al Muderis' negligence in performing osseointegration surgery that resulted in maggots in a surgical wound was unprecedented;
- (u) Dr Al Muderis behaved inexcusably towards his patients by palming them off to others to care for after surgery;
- (v) Dr Al Muderis was negligent in his care for his patient Chris Bruha by his refusal to care for his patient's post-surgical open infected wound;
- (w) Dr Al Muderis ripped off his patient Chris Bruha by placing a defective implant in him that snapped and charging him for a replacement part;
- (x) Dr Al Muderis improperly profits from his patients by charging them twice for the parts and procedure;
- (y) Dr Al Muderis misled his patient Chris Bruha about the success of his prospective surgery;
- (z) Dr Al Muderis cares more about fame and large patient numbers than patient care;
- (aa) Dr Al Muderis has illegally performed surgery in the United States where he is not licenced to practice;
- (bb) Dr Al Muderis lied to 60 Minutes about encouraging staff to teach patients how to fundraise for surgeries;
- (cc) Dr Al Muderis lied about paying people to recruit patients for him;

- (dd) Dr Al Muderis misleads prospective patients by only discussing positive outcomes with them and trying to silence any negative outcomes whilst downplaying any risks of the surgeries;

SMH Article

- 16. On or about 19 September 2022, Fairfax Media Publications, Grieve, Steinfort, Clancy and each of them, published in the Sydney Morning Herald newspaper in every State and Territory of Australia an article titled “‘*Surgeon 'botched amputee aftercare'*” (**SMH Article**).
- 17. **Enclosed** and marked 'A' is a copy of the SMH Article.
- 18. The SMH Article remains available to be viewed at the following URL:
<https://todayspaper.smedia.com.au/smh/default.aspx>
and selecting 'Back Issues' and the date of 19 September 2022.
- 19. The SMH Article carried some or all of the following defamatory imputations (or imputations that do not differ in substance):
 - (a) Dr Al Muderis is a callous surgeon who routinely left patients in pain to rot after their surgeries;
 - (b) Dr Al Muderis' routinely negligently failed to provide after surgery care to his patients who undergo osseointegration surgery;
 - (c) Dr Al Muderis was so negligent in his failure to provide after surgery care that some patients were left mutilated, wheelchair bound or reliant on heavy pain medication;
 - (d) Dr Al Muderis negligently performs osseointegration surgery on patients who are not suited to having that procedure;
 - (e) Dr Al Muderis uses improper sales tactics on his patients to pressure them to agree to osseointegration surgery when it is not appropriate for them;
 - (f) Dr Al Muderis negligently failed to warn his patients Mark Urquhart and Brennan Smith of the risks associated with osseointegration surgery.
 - (g) Dr Al Muderis negligently ignored his patient Urquhart who reported finding maggots in his leg as a result of his bone being exposed for years after surgery conducted by Dr Al Muderis;
 - (h) Dr Al Muderis' negligent performance of osseointegration surgery on Mark Urquhart caused him chronic infection and extreme agonising pain;
 - (i) Dr Al Muderis callously dismissed Mark Urquhart's concerns about his pain and the smell of his wound, suggesting he use Febreze, a supermarket air freshener to deal with it;

- (j) Dr Al Muderis' glittering reputation and praise for his work as a surgeon is undeserved because his malpractices and unethical conduct as a doctor have left many patients devastated and mutilated;
- (k) Dr Al Muderis repeatedly refused to see his patient Mark Urquhart after surgery when he complained about the smell of his wound;
- (l) Dr Al Muderis negligently failed to identify and treat an infection developed by Mark Urquhart post surgery that developed into osteomyelitis, a chronic infection to the bone, causing him to become wheelchair bound and with chronic severe pain;
- (m) Dr Al Muderis' performance of osseointegration surgery on Carol Todd was so negligent that it caused her chronic pain for years, about half a litre of blood and pus to come out of her leg, multiple ongoing infections, and the need for five further operations;
- (n) Dr Al Muderis callously ignored his patient Carol Todd's chronic pain, blood and pus coming out of her leg, multiple ongoing infections, and the need for five further operations when she complained to him about it;
- (o) Dr Al Muderis' negligent performance of osseointegration surgery on Carol Todd has left her in extreme pain and with no choice but to amputate her leg or she will die;
- (p) Dr Al Muderis prioritised growing his practice over patient care, operating on patients who were not suitable for the surgery, talking up positive outcomes and downplaying risks to get patients to agree to surgery;
- (q) Dr Al Muderis overrode the protocol of a specialist assessment team deciding suitability of patients to have surgery, by going ahead irrespective of the team's decision;
- (r) Dr Al Muderis overworked his staff, humiliated them in public, and degraded and traumatised them;
- (s) Dr Al Muderis lied about paying commissions to Fred Hernandez;
- (t) Dr Al Muderis's performance of osseointegration surgery on Brennan Smith was so negligent that his pain was so bad that he began cutting his own skin off;
- (u) Dr Al Muderis failed to inform his patient Brennan Smith of the side effects and adverse consequences of osseointegration surgery before he agreed to have it and falsely promised the surgery would give him a new life in order to convince Mr Smith to pay him \$10,000;
- (v) Dr Al Muderis used a defective product on his patient Michelle Ortiz which broke, caused a bad infection and costs her over \$65,000 to rectify;
- (w) Dr Al Muderis performed osseointegration surgery so negligently on Rachael Ulrich she almost died;

- (x) Dr Al Muderis callously dismissed Rachael Ulrich's life threatening blood clots caused by surgery he performed as a mere mistake that was not his fault;
- (y) Dr Al Muderis' negligent performance of osseointegration surgery on Blythe Warland caused him to suffer major infections about every six months which take months to subside, complex regional pain syndrome resulting in him losing everything, his house, his relationship and his company;
- (z) Dr Al Muderis performed multiple unnecessary surgeries on a patient because he had workers compensation insurance to pay for them but then dumped the patient when things went wrong;
- (aa) Dr Al Muderis' negligent performance of osseointegration surgery on a patient made him/her worse off causing phantom pain, nerve pain and bleeding such that he/she could not return to work;
- (bb) Dr Al Muderis' negligent performance of osseointegration surgery on a patient made him/her worse off causing extreme pain, such that he/she could no longer use a limb that was fully functional before the surgery;
- (cc) Dr Al Muderis is negligent in his selection of patients for osseointegration surgery, causing life changing and life destroying consequences to patients;
- (dd) Dr Al Muderis is a negligent surgeon in that he has habitually failed to explain risks and complications to patients before performing osseointegration surgery on them.

SMH Online Article

- 20. From a time unknown to Dr. Al Muderis on or about 19 September 2022, Fairfax Media Publications, Grieve, Steinfort and Clancy published in every State and Territory of Australia on the website of the Sydney Morning Herald an article titled "*Oozing and maggots: The stories one of Australia's most celebrated surgeons doesn't want you to hear*" (**SMH Online Article**).
- 21. The SMH Online Article remains available to be viewed at the following URL:
<https://www.smh.com.au/national/oozing-and-maggots-the-stories-one-of-australia-s-most-celebrated-surgeons-doesn-t-want-you-to-hear-20220906-p5bfr8.html>
- 22. **Enclosed** and marked 'B' is a copy of the SMH Online Article.
- 23. The SMH Online Article carried some or all of the same imputations as the SMH Article (or imputations that do not differ in substance).

Age Article

- 24. On or about 19 September 2022, the Age Company, Grieve, Steinfort, Clancy and each of them, published in the Age Newspaper every State and Territory of Australia an article titled "*Celebrity surgeon 'left patients in pain, to rot'*" (**Age Article**).
- 25. **Enclosed** and marked 'C' is a copy of the Age Article.

26. The Age Article remains available to be viewed at the following URL:

<https://todayspaper.smedia.com.au/theage/default.aspx>

and selecting 'Back Issues' and the date of 19 September 2022.

27. The Age Article carried some or all of the same imputations as the SMH Article (or imputations that do not differ in substance).

Age Online Article

28. From a time unknown to Professor Al Muderis on or about 18 September 2022, the Age Company, Grieve, Steinfort and Clancy published in every State and Territory of Australia on the website of *The Age* an article titled “*Oozing and maggots: The stories one of Australia’s most celebrated surgeons doesn’t want you to hear*” (**Age Online Article**).

29. The Age Online Article remains available to be viewed at the following URL:

<https://www.theage.com.au/national/oozing-and-maggots-the-stories-one-of-australia-s-most-celebrated-surgeons-doesn-t-want-you-to-hear-20220906-p5bfr8.html>

30. **Enclosed** and marked 'D' is a copy of the Age Online Article.

31. The Age Online Article carried some or all of the same imputations as the SMH Article (or imputations that do not differ in substance).

Grieve video

32. On or about 22 September 2022 the Age Company and Grieve published a video on the website of the Age titled “*Oozing and maggots: The stories one of Australia’s most celebrated surgeons doesn’t want you to hear*” (**Grieve video**).

33. The Grieve video remains available to be viewed at the following URL:

<https://www.theage.com.au/national/oozing-and-maggots-the-stories-one-of-australia-s-most-celebrated-surgeons-doesn-t-want-you-to-hear-20220918-p5bj2z.html>

It is obviously not practicable to attach a copy of the Grieve video to this letter.

34. The Grieve video carried some or all of the following defamatory imputations (or imputations that do not differ in substance):

- (a) Dr. Al Muderis who operates on patients around the world habitually downplays the risks of osseointegration surgery and ignores the complications;
- (b) Dr Al Muderis has ignored patients with maggots in their wounds;
- (c) Dr Al Muderis has ignored patients forcing them to use a kitchen knife to cut off their own flesh;
- (d) Dr Al Muderis has negligently left patients mutilated, addicted to pain medication and antidepressants;

- (e) Dr Al Muderis employs high pressure sales tactics to the detriment of his patients in order to grow his business at all costs;
 - (f) Dr Al Muderis ignores his patients and then threatens to sue them when they have complained to the medical regulator;
 - (g) Dr Al Muderis' treatment of his patients is unacceptable in his failure to treat post- surgery complications;
 - (h) Dr Al Muderis' practice of osseointegration surgery is unethical and dangerous;
 - (i) Dr Al Muderis has falsely misrepresented a rosy image of his surgical practice to the public when in fact it is unethical and dangerous
35. The Sneak Peek, Broadcast, SMH Online Article, SMH Article, Age Online Article, Age Article, and Grieve video are collectively referred to as the **Matters Complained Of**.
36. The imputations said to arise from the Sneak Peek, Broadcast, SMH Online Article, SMH Article, Age Online Article, Age Article and Grieve video are collectively referred to the **Imputations**.
37. The Imputations are entirely false and defamatory of our client.

Serious harm

38. The publication of the Imputations has self-evidently caused and is likely to cause Professor Al Muderis substantial harm and damage. They have already caused him, and will continue to cause him, substantial hurt and distress.
39. Each of the Sneak Peek, Broadcast, SMH Online Article, SMH Article, Age Online Article, Age Article, and Grieve video has caused, and/or is likely to cause, serious harm to Professor Al Muderis's reputation within the meaning of s10A of the *Defamation Act 2005* as follows and by reason of the following facts and matters:
- (a) Professor Al Muderis is well-known throughout Australia and around the world as a doctor who performs osseointegration surgeries such that each of the Matters Complained Of would cause interest and be widely read and discussed;
 - (b) Each of the respondents, or one or more of them, had been heavily promoting each of the Matters Complained Of before and after they were each published, from about 8 September 2022 in a Sneak Peeks, media releases, articles, programmes and on social media;
 - (c) The content of each of the Matters Complained Of was sensational and tabloid-style, which attracted many viewers/readers;
 - (d) Each of the Matters Complained Of have been viewed and read a significant number of times, for example:
 - (i) The Sydney Morning Herald has a total news audience across print and digital channels of 8.362 million annually (per Roy Morgan Research; people 14+ for the 12 months ending June 2022);

- (ii) The Age has a total news audience across print and digital channels of 5.913 million annually (per Roy Morgan Research; people 14+ for the 12 months ending June 2022);
- (iii) The Broadcast was viewed by 463,000 people (per <https://tvtonight.com.au/2022/09/sunday-18-september-2022.html>); and
- (iv) The Sneak Peek has been viewed by 24,210 people on YouTube alone;
- (e) The imputations carried by each of the Matters Complained Of are serious;
- (f) The imputations carried by each of the Matters Complained Of amount to a direct attack on Professor AI Muderis's competence, skill, ability and professionalism as a doctor;
- (g) Each of the Matters Complained Of were widely discussed and disseminated in social media;
- (h) The respondents, in particular Grieve, gave interviews subsequent to the publication of the Sneak Peek, Articles and Broadcast Sneak promoting and discussing those publications and the shocking nature of the material disclosed in those publications about the conduct of Professor AI Muderis as a surgeon;
- (i) Professor AI Muderis has received negative comments and messages from viewers or readers of each of the Matters Complained Of, or one or more of them;
- (j) Professor AI Muderis has been the subject of negative, offensive and abusive comments on social media caused by each of the Matters Complained Of, or one or more of them;
- (k) The Matters Complained Of, or one or more of them, and the imputations carried by them have been widely discussed in other media;
- (l) The Matters Complained of are now referred to on Professor AI Muderis' Wikipedia entry;
- (m) The Matters Complained Of were promoted as a "major investigation" and have thus been considered as publications that have been carefully prepared, accurate and having considered all available evidence;
- (n) Professor AI Muderis has been approached by many people asking him about the Matters Complained Of or one or more of them and the imputations carried by them;
- (o) Each Matter Complained Of is still available to be viewed or downloaded on the internet;
- (p) Each Matter Complained Of, or one or more of them, appears in the results of a Google search of Professor AI Muderis's name;

- (q) The respondents continue to publish articles and other material (including on social media) about Professor Al Muderis and each of the Matters Complained Of, causing further and continued interest in those publications and their content;
 - (r) The Broadcast has caused Avant, the company that insures Professor Al Muderis, to suspend his insurance in relation to some surgeries;
 - (s) The imputations carried by the Matters Complained Of are likely to result in regulatory investigation which may result in suspension pending the completion of that investigation;
 - (t) By reason of the matters set out above, the publications of each of the Matters Complained Of is likely to have an adverse impact on Professor Al Muderis's income and earning capacity, the extent of which is presently unknown given the proximity of the publications to the date of this pleading.
40. Given that each of the Matters Complained Of remain online, in the absence of the retraction or deletion of each of those Matters Complained Of and a public and sincere apology from each of you, that harm will certainly continue.

Conduct of respondents

41. Professor Al Muderis's hurt has been aggravated by serious and ongoing misconduct by each of you, the particulars of which are too extensive to include in this correspondence.
42. In this regard we note your conduct in continue to publish and republish the Matters Complained Of on various social media platforms and in some notable instances permitted third parties to comment on those publications thus inciting and hateful comments about Professor Al Muderis which you continue to publish and are viewed as publishers of those materials particularly now you are on notice of them.
43. We put you on notice that the comments that appear on your social media including Grieves Twitter, 60 Minutes Twitter, 60 Minutes Facebook, and 60 Minutes Instagram, in response to the posting of any of the Matters Complained Of are defamatory. If not removed by **tomorrow morning**, you are liable for those comments.
44. Professor Al Muderis has incurred significant expenses in seeking to mitigate the harm to his reputation caused by reason of the Matters Complained Of and will claim those expenses in the proceedings.
45. Professor Al Muderis invites each of you to make amends for the publication of each of the Matters Complained Of. As you know Professor Al Muderis has been sincere in his willingness to engage with you regarding this matter and in that spirit is prepared to consider a non-litigious resolution of his concerns. In that regard we refer you to the provisions of the *Civil Dispute Resolution Act 2011* (Cth).
46. If the dispute cannot be resolved, Professor Al Muderis will commence defamation proceedings in relation to the publication of the Matters Complained Of and any related defamatory social media posts.

Offer to resolve the dispute

47. Professor Al Muderis makes the following offer to settle the matter:
- (a) Each of the Matters Complained Of above and any other publications that carry any of the Imputations must be immediately and permanently deleted from any medium controlled by each of you (including all social media platforms);
 - (b) You must take steps to ensure that any republications of the Matters Complained Of or any other publications that carry any of the Imputations are to be immediately and permanently deleted or destroyed;
 - (c) All social media comments responsive to the posting of any of the Matters Complained Of must be immediately deleted;
 - (d) Each of you must give Professor Al Muderis a written undertaking not to republish the Matters Complained Of or any further matter which conveys any of the same Imputations, or imputations to substantially the same effect;
 - (e) Each of you must immediately issue a public apology in a prominent position in the print and digital editions of each of the *Sydney Morning Herald* and the *Age*, the website of *60 Minutes*, the 9Now website and all social media channels controlled by each of you in terms to be agreed. The agreed apology must remain on each of those websites for at least 14 days. The agreed apology must also be read out at the beginning of the next episode of *60 Minutes*;
 - (f) You must pay the reasonable expenses incurred by Professor Al Muderis to date.
48. This offer is open for acceptance until **4.00pm Friday 30 September 2022** given the ongoing harm being occasioned to our client.
49. You will observe that our client has not sought damages in this offer given his priority is to vindicate his reputation as quickly as possible. We are confident that if the matter proceeds to court, he will be awarded a very substantial sum.

Next steps

50. Under the *Defamation Act 2005* each of you have 28 days to otherwise make amends if you wish to propose any other resolution of the matter. If you have no intention of accepting our client's offer or making an offer to make amends, we invite you to:
- (a) Notify us of this fact immediately; and
 - (b) Agree to abridge the time for the commencement of the foreshadowed proceedings on the basis that the matter cannot resolve at this time and it is therefore in the interest of justice to do so.
51. It is our expectation that you will have no issue in consenting to this abridgement in the event you have no intention of resolving the matter. If you do not, this will be relied upon in support of our client's claim for aggravated damages.

52. In the meantime, we also require each of you to preserve, and not destroy or delete, documents of all kinds including all electronic material, emails, messages on any messaging platform (including disappearing messages), camera tapes, notes of interview, scripts, planning documents or programmes, media releases, text messages, phone records and social media communications concerning the Imputations, drafts of the Matters Complained Of, the Matters Complained Of and their subject matter.
53. We intend to shortly provide you with further information, in addition to that already provided by our client, that demonstrates the falsity of allegations made in the Matters Complained Of concerning our client.
54. Professor Al Muderis reserves his rights generally including his right to commence proceedings against each of you in the Federal Court of Australia upon the expiration of 28 days from the date of this letter and without further notice.

Yours faithfully



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The Sydney Morning Herald

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INDEPENDENT. ALWAYS.

Thai cave rescue hero in the deep end
THE GUIDE LIFTOUT INSIDE



LinkedIn users post about more than just work
MONDAY MEDIA
PAGE 26

AFL GRAND FINAL Buddy loves the big stage SPORT



Surgeon 'botched amputee aftercare'

SPECIAL INVESTIGATION

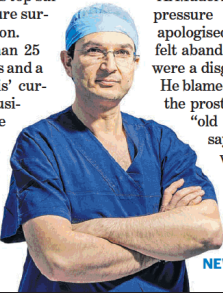
Charlotte Grieve, Tom Steinfart and Natalie Clancy

Patients and former staff of celebrity Sydney surgeon and refugee advocate Munjed Al Muderis have accused him of failing to provide adequate care after surgeries, leaving some people mutilated, wheelchair-bound or reliant on heavy pain medication.

Al Muderis (pictured), NSW's Australian of the Year in 2020, has appeared in multiple media outlets telling his story of arriving by boat from Iraq as a refugee and becoming one of Australia's top surgeons for his signature surgery, osseointegration.

But now more than 25 patients, 15 surgeons and a dozen of Al Muderis' current and former business associates have told the *Herald* and *60 Minutes* of concerns about the surgeon's approach to patient selection and aftercare.

He has also been accused of using



high-pressure sales tactics to boost patient numbers.

Osseointegration is a procedure for amputees in which a titanium rod is implanted into residual bone. For some, the surgery has been life-changing for the better, and he has been praised by Prince Harry.

But veterans Mark Urquhart and Brennan Smith claim they were not properly warned of the risks and were left in agonising pain. Urquhart, a former paratrooper, claims to have been ignored when he found maggots in his leg after his bone was left exposed for years.

Al Muderis denied using high-pressure sales tactics and apologised to patients who felt abandoned but said these were a disgruntled minority.

He blamed vested interests of the prosthetics industry and "old school" surgeons, saying they were working to destroy him. "The facts are that the vast majority of patients are extremely happy," he said.

NEWS PAGES 10-11

Grieving grandchildren pay tribute to 'dearest Grannie'



Prince William, Prince of Wales, and Prince Harry, Duke of Sussex, led the procession of grandchildren at Westminster Hall to hold vigil for their grandmother, the late Queen Elizabeth II. Photo: Getty

They came to stand in silence where their parents had stood 24 hours before as the family prepared for the funeral today of the UK's longest-serving monarch. **NEWS PAGES 4-8**

Crossbench plans to push Labor on extending paid parental leave

EXCLUSIVE

Rachel Clun, Katina Curtiss

Independent MPs are challenging the federal government to take a stand on economic change for women by planning a move that will force Labor caucus members to decide whether to support an increase in paid parental leave to 26 weeks.

While the government says it is looking at ways to make the current

scheme more flexible, the crossbench will ask Prime Minister Anthony Albanese and his MPs to take a firmer stand on promises outlined at the government's jobs summit this month.

They want the 18-week paid parental leave scheme expanded to 26 weeks, costing \$600 million a year, to boost women's workplace equity.

The pressure over extending the Commonwealth parental leave

scheme adds to the debate about government services and how they will be paid for following Reserve Bank governor Philip Lowe's comments on Friday that Labor will need to either hike taxes, cut spending or undertake structural reform to meet expectations.

When parliament returns next week, Independent MP Zali Steggall will introduce a motion in the **Continued Page 2**

Judge forced to weigh jail against brain injury effect

Michael Evans

A former Penrith rugby league player has been sentenced to at least nine years in jail for his "very senior" role in a drug syndicate in a case in which the judge grappled with the impact of a lengthy jail term on someone suffering a sports-related brain injury.

Levi John Russell, a player with the Panthers from 1994-98, was sentenced after pleading guilty to

charges relating to the importation of hundreds of kilograms of methamphetamine and commercial supply of cocaine between 2017 and 2019.

Some charges carried the potential for life imprisonment.

The consideration given on sentencing comes amid a public debate over the impact of sports-related long-term brain injury in the community.

NEWS PAGE 13

SPECIAL INVESTIGATION

Pus, maggots: what a doctor doesn't want you to hear

The refugee-turned-surgeon has found fame by helping amputees walk. Some rue the day they submitted to his knife. **Charlotte Grieve, Tom Steinfort and Natalie Clancy report.**

When Mark Urquhart's new doctors saw the state of his legs, they were horrified. Bone was protruding from one of his amputated thighs and maggots had eaten away at his flesh.

Urquhart is accustomed to pain. Abused as a child by his father, he left home at 15 and as soon as he was old enough, he joined the army to become a paratrooper. But in 1993, during a training exercise, he crashed into the ground at 75km/h and was left in a wheelchair.

In 2016, he thought his fate could be reversed when he asked celebrated surgeon Munjed Al Muderis to operate on him. The former soldier would be able to walk for the first time in decades, and fulfil his dream of escorting his daughter down the aisle.

Instead, the procedure left the veteran with a chronic infection and the worst pain he had ever experienced – like there was “a welder blowing on my legs”.

Al Muderis, Urquhart says, did not seem interested. “This is normal, you’ll be right,” he recalls the surgeon saying. In one of their final meetings, Urquhart says he was told to spray his legs with “Febreze” – an air freshener sold in supermarkets – to deal with the smell, which had grown so bad he says he “could taste it”.

Al Muderis has built a glittering reputation for his treatment of amputees since arriving in Australia as a refugee from Iraq in 1999. He performs a procedure called osseointegration, in which he inserts a titanium rod into the bone of the residual limb. The rod fuses with the bone and protrudes through the skin to connect to a prosthetic. At best, it restores people's ability to walk without the blisters and discomfort of a normal “socket” prosthetic.

For this work, Al Muderis has been praised by Prince Harry and made NSW Australian of the Year. His journey fleeing Saddam Hussein's regime has inspired many. He has been lauded in the media, including by patients, and has become an influential voice in advocating for refugee rights.

Now a joint investigation by the *Herald*, *The Age* and *60 minutes* has uncovered a darker side of Al Muderis' lucrative practice. Interviews with more than 25 patients, 15 surgeons and a dozen

of Al Muderis' current and former business associates have raised questions about the professor's approach to patient selection and care. Patients have described experiences ranging from life-changing to life-destroying. Some say risks were minimised when their operations were explained, complications ignored and patients left wheelchair-bound or mutilated.

Former nurse Shona, whose surname has been withheld for privacy reasons, identifies what she says are unethical practices by the surgeon, including high-pressure sales tactics and an abusive workplace culture. Patient-turned-promoter Fred Hernandez agrees. Leaked internal documents reveal a growth-at-all-costs mentality and a public image out-of-step with reality.

Retired plastic surgeon John Anstee, who performed the first osseointegration procedure in Australia, says the way Al Muderis treated some patients was simply unacceptable.

Al Muderis acknowledged in an interview that mistakes had been made, and he apologised to patients who felt abandoned or hurt. Ultimately, however, he blames vested interests in the prosthetics industry who he claims are working to destroy him.

“Look, I'm not perfect. I openly admit if I made a mistake to a patient, I openly apologise to the patient,” he said. “The facts are that the vast majority of patients are extremely happy.”

PRIZED PATIENT

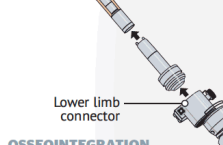
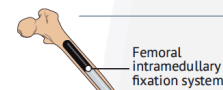
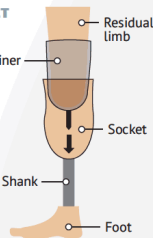
The military training accident that left Mark Urquhart in a wheelchair was the worst of bad luck. At 450 metres above the ground, he flipped and the parachute wrapped around him, leaving him helpless as he plunged into the ground.

After two years' rehabilitation, Urquhart was medically discharged, diagnosed as an incomplete paraplegic with no feeling in his legs but residual movement in his hips. Despite this, he built a successful sporting career in bobsledding, basketball and biathlons. He won three gold medals at the Invictus Games – where Prince Harry remarked on his “incredible sportsmanship”. But Urquhart never gave up on his

WHAT IS AN OSSEOINTEGRATION?

TRADITIONAL SOCKET

A personalised socket wraps around the residual limb to form retention and connect the stump with a prosthetic limb. Today, this is the most common treatment for amputees. It is non-invasive but can cause irritation, blisters and redness if not fitted properly.

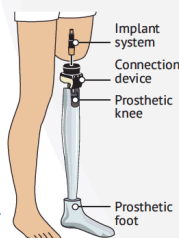


OSSEOINTEGRATION

An emerging option for amputees, involves inserting a titanium rod into the residual bone which protrudes through the skin and connects directly to the prosthetic limb. It removes the discomfort of sockets, but creates a permanent open wound known as a 'stoma'.

IMPLANT

There are a number of companies providing osseointegration technologies worldwide, which include a rod that integrates with bone, a part which protrudes through the skin (known as the dust cone or abutment) and connector which attaches to the prosthetic limb, enabling direct skeletal attachment.



dream of walking again. In 2016, he gave Al Muderis permission to amputate both his legs above the knee and insert rods into the bones. Less than three months later, Urquhart took his first steps.

But almost immediately, Urquhart noticed something was not right. The wound around the protruding bone looked infected. He went to Al Muderis for help, but he claims to have been turned away time and time again. “It smelt like a dead body,” he says.

For years, he says he was told the smell of rotting flesh, redness, oozing pus and blood were normal and part of the healing process. Even when Urquhart's wound was infested by maggots, he was told there was nothing to worry about.

The infection worsened and developed into osteomyelitis, a chronic infection of the bone. Now, Urquhart is wheelchair-bound once again. This time, though, he has no legs and deals with chronic, severe pain and a reliance on heavy-duty painkillers, as he says to have the final rod removed.

“It affects everything. Your brain, your mind, it drives you insane. You can't fix it. It feels like someone is standing there with a welder blowing on my legs. They always feel like they're on fire.”

Al Muderis said he could not comment on specific patients, but explained maggots were not as bad

as they looked and the clinic now had a written protocol for dealing with fly-blown wounds.

“I acknowledge that some people feel abandoned. I acknowledge that people have the feeling that we did not do our duty of care. This is not the aim. We try our best to give every patient the care they deserve.”

Urquhart emailed the Department of Veterans Affairs last year, which uses taxpayer funds to pay for former soldiers to have osseointegration, about his experience. He says this complaint went nowhere.

'LIFE CHANGING'

Osseointegration is immensely invasive: it creates a permanent open wound which must be carefully managed to avoid infection. In some cases, patients deal with ongoing discharge or bleeding from the wound.

When successful, the procedure gives amputees a new life by removing the blisters that come with traditional sockets. It has been performed on amputees around the world since the 1990s.

But Al Muderis modified the surgery time, taking it from two stages to one, and significantly reduced rehabilitation requirements. The changes allowed him to do more surgeries and Australia to become the

fastest-growing destination for osseointegration.

A 2016 research paper shows his clinic completed an average of 25 surgeries a year, compared to 11 in the Netherlands and 1.8 in the United Kingdom. His work has attracted high-profile praise.

But behind the scenes, former confidantes and some patients say it's a different story. Among them are 71-year-old Carol Todd whose pain is so bad she screams at night and new doctors say the only option is to amputate what is left of her leg, or she will die.

Former head nurse Shona worked with Al Muderis's team for three years but quit in 2017 after she became uncomfortable with the clinic's approach to patient selection and aftercare.

“I found it ethically compromising,” she says. “These people are worse off and suffering because of something that I've potentially sold them.”

Despite being hired in a medical role, Shona quickly discovered her primary job was “a salesperson”. “I was to get patients to sign the consent form, get them over the line, get them to the clinic, get them to surgery. Because I was a nurse, people trusted me.”

If a prospective patient said no, Shona says she would put them in touch with patients who had positive outcomes or downplayed



Dr Munjed Al Muderis
Photo: Tim Bauer



Former SAS paratrooper Mark Urquhart was left in excruciating pain after an operation by Munjed Al Muderis.
Photo: Scott McNaughton

IN THEIR OWN WORDS

CAROL TODD AGE: 71

CASE: HAS CHRONIC PAIN AFTER OSSEOINTEGRATION IN 2014. THIS AUGUST, SHE WAS TOLD TO AMPUTATE THE REMAINDER OF HER LEG OR DIE.

I lost my leg at six weeks old. When my husband Geoff got sick with Parkinson's, I thought I could have the [osseointegration] surgery and look after him. I met Munjed and signed up.

Since then I've had nothing but trouble. My bones stopped growing when I was 12 so they're really small. One day [June 2014] I was standing in my laundry, and about half a litre of blood and pus came out of my leg. I've been dealing with infections ever since. I've had five operations, each time my leg got shorter and shorter.

I've never had pain like this before. There are nights where I'm screaming into the pillow and my husband is just holding me, cuddling me.

When I talked to Munjed about my problems, he would just put me aside. That's when I found the team in Melbourne. They were disgusted. They've told me the only option is to cut the rest of my leg off.



BRENNAN SMITH AGE: 50

CASE: WAS IN SO MUCH PAIN FROM HIS OSSEOINTEGRATION HE BEGAN CUTTING HIS OWN SKIN OFF WITH A KITCHEN KNIFE.

I'm ex-military. I was on the way to an appointment when I had an accident on my motorbike which put me in a coma. While I was under, I caught a virus. They amputated my leg and I went on to have 18 further amputations. In the end, I couldn't walk more than 10 metres.

I met Munjed in 2018 in a hotel in Brisbane. He said he'd give me a new life. So I transferred \$10,000 cash into his account immediately and got the surgery not long after.

The after-care was non-existent. I have this pain around the rod where skin tries to grow back. I'd have to burn it off with silver nitrate twice a week, but it wasn't helping. It's like your whole body is on fire and someone is shooting you with a taser.

I was never told about the constant oozing, the blood, the pain. It was not what I was marketed, not what I was sold.



CHRIS BRUHA AGE: 57

CASE: CHRIS BRUHA RECKONS HE SPENT \$US200,000 ON OSSEOINTEGRATION AND IS NOW BACK IN A SOCKET.

I was in a paragliding accident in May 2016 which crushed both my ankles. I met Munjed in Chicago. I booked a flight to Sydney in August 2019 and stayed for a month.

When I came out of surgery, I had an infection. Munjed never got rid of that infection before he sent me home. Back in the US, Munjed's team was really hard to get hold of. I saw Munjed was attending a conference in July 2018, so I flew there to show him my leg. It was all infected and there was pus dripping down the rods. He said it looks great.

The infection went from skin to bone, so I had to get both implants removed. I lasted 2.5 years with osseointegration and now I'm in a socket. We're talking well over \$US200,000 easy.



MICHELLE ORITZ AGE: 49

CASE: SIX YEARS AFTER SURGERY, ORITZ'S LEG BROKE AND WAS REPLACED, BUT SHE SAYS AL MUDERIS' TEAM STILL HAS NOT SENT HER FILES TO HER NEW SURGEON.

I heard about osseointegration in 2015. I made contact and everything moved really fast. I flew to Sydney in February 2016, met Munjed, and the surgery was in the next three days.

When I got home to California I started running into problems and didn't get answers. And then I fell. I had the Type B implant, which broke seven months after my surgery.

Another surgeon got involved and said we'll switch it. It was just a mess, a bloody mess. He was really forceful and took out a can of saline spray, the same stuff you use to clean your computer.

Afterwards, I got a very bad infection. I got pretty sick. He cost me a lot of money, between \$US65,000 and \$US88,000 by the time I was done. I have to watch it constantly. My surgeon asked him what my dual cone is made of and they just don't respond.

RACHAEL ULRICH AGE: 35

CASE: ULRICH ALMOST DIED AFTER SURGERY WITH AL MUDERIS.

I was born with a vascular malformation in my legs. So I had already had a couple of blood clots in my legs before I decided to do this surgery with Munjed. I live in Texas but we flew to Florida to meet him in 2016. I told him about my clots, he said it was a good candidate, no problem. I needed about a year to fundraise.

I got to Australia in March 2017 and the day before the surgery, I met the GP about the blood thinner. He didn't even know what leg we were talking about.

When I had the surgery, they did an epidural and kept it in for three days. As soon as they took it out, I immediately felt pain in my calf. I knew immediately it was a blood clot pain.

Most of the nurses didn't speak English. Over the next 24 hours, they told me I was imagining it. I ended up on the verge of death. When I told them I could hardly breathe, I was rushed to a CT scan. That's where they found the clots in my lungs. I was rushed to ICU. Munjed said it wasn't his fault, mistakes happen. He really blew it off, was super blasé.



BLYTHE WARLAND

CASE: WARLAND LOST HIS HOUSE, RELATIONSHIP AND JOB AFTER PAIN RELATED TO OSSEOINTEGRATION.

I became a below knee amputee after a motorbike accident 30 years ago.

As I got older, my stump started to break down. I had osseointegration in November 2017 and it's been a rollercoaster. About every six months I have a big infection in my leg. The longest it took was five months to get rid of it. The worst is the complex regional pain syndrome (CRPS), which I had never had before osseo.

I get the feeling of my toes being ground off. It's intense and hard to deal with, mentally. I've lost my house. I've lost my relationship. I lost my company. I've lost everything. And I'm still no closer to getting back to work. I'm on constant pain medication.

ANONYMOUS

You've got ooze running out of you all the time. You can't stop it. You become very self-conscious when you have something coming out of you. It has an odour to it.

I was under Workers Comp which covered it and he treated me like a cash cow. I had so many surgeries that just weren't necessary. It's like when you go to a mechanic and each time you leave with a new set of tyres.

It seems like a pattern, you go in, then all of a sudden things will go pear shaped and he knows he's got another job.

ANONYMOUS

I've had a phenomenal amount of phantom pain, nerve pain and I'm worse off than where I began. It bleeds a lot.

I've had to pay for all the surgeries out of pocket, it's cleared me out financially. I withdrew all my superannuation to pay for this and now I'm on disability services because I can't go back to work. And I'm on medication all day every day.

It's annoying because I got into this so I could work. Now that's gone too.

ANONYMOUS

I was in extreme pain. Extreme, extreme. I've never been through pain like that before. I couldn't get any help.

I thought I was improving my life, thought it was going to be great. But anyway, that all backfired. I don't do anything that I was doing before. I could go fishing, kayaking, everything really. But I can't even use my limb now. I had full use of it before.

the risks. But as the practice grew, so did the list of patients dealing with problems.

Like other surgeons who perform osseointegration, Al Muderis began his practice with caution. According to several clinicians who have worked alongside him, he initially avoided patients with health problems that could undermine their recovery, such as diabetes and vascular disease. But Shona, some of his patients and other surgeons say the criteria broadened to the point where Al Muderis developed a reputation for rarely saying no.

According to Al Muderis: "We knock back a significant proportion of patients. We don't offer osseointegration surgery for patients just because they demand it. We offer it if a patient needs it."

AN UNSUITABLE CANDIDATE

In his practice, prospective patients are assessed by a team of specialists. However, according to those who have worked in the clinic, Al Muderis was the ultimate decision-maker. In Urquhart's case, medical records from Norwest Private Hospital show pain specialist Andrew Paterson concluded he was unsuitable.

Al Muderis went ahead nonetheless. A year later, Urquhart was in unbearable pain

and Paterson quit, citing "ideological differences" with the team. Shona and other staff, speaking anonymously to protect their positions, say Al Muderis was a demanding boss and staff worked long hours in often hostile settings. "The way he spoke to you, treated you, he would humiliate you in public. It was quite degrading and traumatic," Shona says.

Al Muderis provided a long list of peer-reviewed articles ahead of the interview that showed his team published the positives and negatives of the surgery. In relation to the team's culture, he acknowledged there could be "robust discussions" but overall, he said the team had "grown stronger and more unified" over the past 12 years.

"We can be headstrong... But it's very healthy."

A SALES CULTURE

In 2012, Las Vegas amputee Fred Hernandez sent a business proposal to Al Muderis. In exchange for free surgery on his above-knee amputation, Hernandez said he would promote osseointegration in the US market. One year later, he was on a plane to Sydney, in what was the beginning of a lucrative partnership.

Initially, Hernandez was paid \$US3500 (\$A5170) a month to promote the surgery. He later

signed a contract which included \$US1000 commissions for every patient he sent to Australia.

Using telemarketing-styled phone scripts, Hernandez sold osseointegration as a holiday, where patients could explore the attractions Down Under while undergoing the procedure. He shared his own experience and provided brochures detailing other patient success stories. In the US, personal testimonials are legal. In Australia, they're banned.

Each US patient returned a net profit of \$US75,000 to Al Muderis, according to court documents filed by the surgeon and his companies in the Nevada District Court.

The growing business contributed to the doctor's life of luxury. In 2018, he made headlines for purchasing a \$10 million penthouse in Sydney's Lavender Bay. He drives a blue McLaren or is seen in his wife, Claudia's yellow Lamborghini.

"The latest Australian Taxation Office report... showed that surgeons are the highest earners in this country. I'm not dissimilar to any other orthopedic surgeon in this country," he said.

Al Muderis denied his clinic used advertising and denied Hernandez was paid commissions.

He also said he was "philosophically against anyone raising money through Gofundme

to pay for their surgery". But leaked documents show the professor instructed staff to "teach [a patient] how to do fundraising for his surgery".

After the business relationship ended, Hernandez wrote a lengthy post on Facebook, alleging poor treatment of patients and staff.

Al Muderis now describes Hernandez as a "real piece of work". He sued him for defamation in the US. Hernandez lost and was ordered to pay \$US2.4 million in damages. Hernandez is seeking to have that judgment overturned.

AN OPEN SECRET

When Al Muderis' team became aware of this joint investigation, American employee Nikki Grace-Strader instructed certain patients to get in touch.

Supporters sent a large number of emails detailing the benefits of osseointegration and praising Al Muderis' personal care.

Washington patient Cindy Asch-Martin said: "I won't have a bad word said about Al Muderis."

"I know a few people who had osseointegration done by him and for some reason, there was bad blood between them and they started talking very negatively about him. I was sickened by that."

"Munjed... continues to perfect it. And he's doing an amazing job." A number of high-profile

surgeons working in Australia's largest hospitals disagree. Speaking anonymously because they were not authorised or not willing to speak publicly, they said Al Muderis's "aggressive" approach to surgery has been described as an "open secret".

One described Al Muderis' patient selection as "entirely inappropriate". A man, "who was homeless, psychotic, living under a bridge, came to us in acute psychosis 72 hours after the treatment", the surgeon said.

Al Muderis said his practice was innovative and bound to attract criticism. "It's a new technology. These are clinicians of the old school and they don't like change."

Former Alfred hospital head of plastics John Anstee, who performed the first osseointegration in Australia in 1990, acknowledges he is "old school". But he said the plight of Urquhart, Todd and others was simply not acceptable.

"Complications will arise," he said. "But if you do have a complication, you've got to wear it. You're the surgeon. It's your problem. You fix it."

He's also never seen maggots in a surgical wound.

Watch Charlotte Grieve, Tom Steinford and Natalie Clancy's *GO Minutes* report on 9Now.

The Sydney Morning Herald

To the bone

Oozing and maggots: The stories one of Australia's most celebrated surgeons doesn't want you to hear

WARNING: THIS STORY CONTAINS DISTURBING IMAGES. Refugee turned high-profile surgeon Munjed Al Muderis has found wealth and fame by helping amputees walk. Many are profoundly grateful, but some rue the day they submitted to his knife.

By Charlotte Grieve, Tom Steinfort and Natalie Clancy

SEPTEMBER 18, 2022



Munjed Al Muderis made his name in a procedure called osseointegration. For some it's been an unhappy experience.

When Mark Urquhart's new doctors saw the state of his legs, they were horrified. Bone was protruding from one of his amputated thighs and maggots had eaten away at his flesh.

Urquhart is accustomed to pain. Abused as a child by his father, he left home at 15 and as soon as he was old enough, he joined the army to become a paratrooper. But in 1993, during a training exercise, he jumped from a plane and was catapulted into the ground at 75km/h. He survived, but was left in a wheelchair.

In 2016, he thought his fate could be reversed when he asked [celebrated surgeon Munjed Al Muderis](#) to operate on him. The former soldier would be able to walk for the first time in decades, and fulfil his dream of escorting his daughter down the aisle.

Instead, the procedure left the veteran with a chronic infection and the worst pain he had ever experienced – like there was “a welder blowing on my legs”.



Former SAS paratrooper Mark Urquhart was left in excruciating pain after an operation by Munjed Al Muderis. SCOTT MCNAUGHTON

Al Muderis, Urquhart says, did not seem interested. “This is normal, you’ll be right,” he recalls the surgeon saying. In one of their final meetings, Urquhart says he was told to spray his legs with “Febreze” – an air freshener sold in supermarkets – to deal with the smell, which had grown so bad he says he “could taste it”.

“I couldn’t believe it,” Urquhart says. “That was the end.”

Al Muderis has built a [glittering reputation](#) for his [treatment of amputees](#) since arriving in Australia as a refugee from Iraq in 1999. He performs a procedure called osseointegration, in which he inserts a titanium rod into the bone of the residual limb. The rod fuses with the bone and protrudes through the skin to connect to a prosthetic. At best, it restores people’s ability to walk without the blisters and discomfort of a normal “socket” prosthetic.

For this work, Al Muderis has been [praised by Prince Harry](#) and made [NSW Australian of the Year](#). His journey fleeing Saddam Hussein's regime has inspired many. He has been lauded repeatedly in the media, including by delighted and devoted patients, and has become an influential voice in advocating for refugee rights.



Prince Harry with amputee Lieutenant Ali Spearing, who lost both legs in Afghanistan, and Munjed Al Muderis. ROHAN KELLY

Now a joint investigation by *The Age*, *Sydney Morning Herald* and *60 minutes* has uncovered a darker side of Al Muderis' booming and lucrative practice. Interviews with more than 25 patients, 15 surgeons and a dozen of Al Muderis' current and former business associates have raised serious questions around the professor's approach to patient selection and aftercare. Patients in Australia and internationally have described experiences ranging from life-changing to life-destroying. According to some, risks were minimised when their operations were explained to them, complications ignored and patients left wheelchair-bound or mutilated.

Former nurse Shona, whose surname has been withheld for privacy reasons, speaking publicly for the first time, identifies what she says are unethical practices by the well-known surgeon, including high pressure sales tactics and an abusive workplace culture. Patient-turned-promoter Fred Hernandez agrees. A tranche of leaked internal documents reveal a grow-at-all-costs mentality and a public image out-of-step with reality.

Retired Alfred hospital plastic surgeon John Anstee, who performed the first osseointegration procedure in Australia, says the way Al Muderis has treated some of his patients was simply unacceptable.

Al Muderis acknowledged in an interview that mistakes had been made, and he apologised to patients who felt abandoned or hurt. Ultimately, however, he blames vested interests in the prosthetics industry who he believes are working to destroy him.

“Look, I’m not perfect. I openly admit if I made a mistake to a patient, I openly apologise to the patient,” he told *The Age*, the *Herald* and *60 Minutes*. “The facts are that the vast majority of patients are extremely happy.”

Prized patient

The military training accident that left Mark Urquhart in a wheelchair was the worst of bad luck. At 450 metres above the ground, his body flipped, and the parachute wrapped around him, leaving him helpless as he plunged into the ground.

After two years of rehabilitation, Urquhart was medically discharged from the army. He was diagnosed as an incomplete paraplegic, with no feeling in his legs but residual movement in his hips. Despite the disability, he built a successful sporting career in bobsledding, basketball and biathlons. He won [three gold medals at the Invictus Games](#) – where he was singled out by Prince Harry for “incredible sportsmanship”.

But Urquhart never gave up on his dream of walking again. “When I met Munjed, I thought ‘this is my chance’.”

In 2016, he gave Al Muderis permission to amputate both his legs above the knee and insert rods into the residual bones. Despite suffering a stroke during surgery, the operation was considered a success. Less than three months later, Urquhart took his first steps. He was embraced as a prized patient and promoted the procedure on the Sunshine Coast.

WARNING: DISTURBING IMAGE BELOW

But almost immediately, Urquhart noticed something was not right. The wound around the protruding bone looked infected. He went to Al Muderis for help, but he claims to have been turned away time and time again.

“It smelt like a dead body,” he says.

For years, he says he was told the smell of rotting flesh, redness, oozing pus and blood were normal and part of the healing process. Even when, one hot summer, Urquhart’s wound was infested by maggots, he was told there was nothing to worry about.



Mark Urquhart's army service was cut short when he became an incomplete paraplegic in 1993 during a paratrooping incident.

Al Muderis sought to treat the exposed bone using skin grafts but this was unsuccessful. The infection worsened and eventually developed into osteomyelitis, a chronic infection of the bone. Now, Urquhart is wheelchair-bound once again. This time, though, he has no legs and deals with chronic, severe pain and a reliance on heavy-duty painkillers as he waits to have the final rod removed.

“It affects everything. Your brain, your mind, it drives you insane. You can't fix it. It feels like someone is standing there with a welder blowing on my legs. They always feel like they're on fire.”

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“I acknowledge that some people feel abandoned. I acknowledge that people have the feeling that we did not do our duty of care. This is not the aim. We try our best to give every patient the care they deserve.”

Urquhart emailed the Department of Veterans Affairs last year, which uses taxpayer funds to pay for former soldiers to have osseointegration, about his experience. “I feel I was a pay cheque for him as aftercare is pathetic,” he wrote to the department in February 2021. “I would prefer not having another Australian veteran to go [through] what I have and live in even more constant pain.”

He says this complaint went nowhere.

‘Life changing’

Osseointegration is immensely invasive: it creates a permanent open wound, known as a “stoma”, which must be carefully managed to avoid infection. A healthy stoma is when the skin grows neatly around the implant, but in some cases, patients deal with ongoing discharge or bleeding from the wound.

When successful, the procedure gives amputees a new life by removing the blisters that come with traditional sockets and allows greater control over prosthetic limbs. It has been performed on clusters of amputees around the world in specialist clinics since the 1990s.

But Al Muderis modified the surgery time, taking it from two stages to one, and significantly reduced rehabilitation requirements. The changes allowed him to do more surgeries and Australia to become the fastest-growing destination for osseointegration.

A 2016 research paper shows his clinic completed an average of 25 surgeries a year, compared to 11 in the Netherlands and 1.8 in the United Kingdom.

His work has attracted high-profile praise, including from the likes of former NSW premier Gladys Berejiklian and Prince Harry. “It is life changing, it really is,” Prince Harry told reporters in 2015.

“It changes everything about you, whether you’re military or civilian. It’s really incredible what he’s [Dr Al Muderis] done, and [the story and the background](#) is pretty spectacular as well.”

Behind the scenes, former confidantes and some patients say it’s a different story. Among them are 71-year-old Carol Todd, who was told she could have the operation even though her bones had stopped growing when she was 12 and she had lived an active life using sockets. Now her pain is so bad she screams at night, feels 20 years older and new doctors say the only option is to amputate what is left of her leg, or she will die.

Brennan Smith, another military veteran, was also sold on the idea of walking again, but says: “I was never told about the constant oozing, the blood, the pain. It was not what I was marketed, not what I was sold.” He, too, has developed a reliance on painkillers.

Rachael Ulrich says Al Muderis’s clinic did not properly consider her complex vascular disorder, which meant she developed blood clots. She was not put on blood thinners during the surgery and almost died.

Former head nurse Shona worked with Al Muderis’s team for three years but quit in 2017 after she became uncomfortable with the clinic’s approach to patient selection and aftercare.

“I found it ethically compromising, as a nurse, and as a person,” she says. “These people are worse off and suffering because of something that I’ve potentially sold them. What have I done? It’s not right.”



Shona is a former nurse at Al Muderis’s Osseointegration Clinic. RHETT WYMAN

Despite being hired in a medical role, Shona quickly discovered her primary job was “a salesperson”. “I was to get patients to sign the consent form, get them over the line, get them to the clinic, get them to surgery,” she says. “Because I was a nurse, people trusted me.”

The people she was courting were those in pain who wanted their lives back. “They don’t want to be an amputee anymore. The vulnerability played to Munjed’s advantage,” she says.

If a prospective patient said no, Shona says she would put them in touch with patients who had positive outcomes or downplayed the risks. But as the practice grew, so did the list of patients dealing with problems. Shona says her phone was inundated with patients in despair and, “I didn’t know how to help them”.

Like other surgeons who perform osseointegration, Al Muderis began his practice with caution. According to several clinicians who have worked alongside him, he initially avoided patients with health problems that could undermine their recovery, such as diabetes and vascular disease. But Shona, some of his patients and other surgeons say that, as he performed more surgeries and became more confident, the criteria broadened to the point where Al Muderis developed a reputation for rarely turning anyone away.

According to Al Muderis: “We knock back a significant proportion of patients. We don’t offer osseointegration surgery for patients just because they demand it. We offer it if a patient needs it.”

An unsuitable candidate

In his practice, prospective patients are assessed by a team of specialists for their suitability and given the opportunity to raise concerns. However, according to those who have worked in the clinic, Al Muderis was the ultimate decision-maker and could overrule his colleagues. In Urquhart’s case, medical records from Norwest Private Hospital show pain specialist Andrew Paterson concluded he was unsuitable: amputation and osseointegration could exacerbate Urquhart’s existing pain and PTSD, possibly leading to muscle spasms, anxiety attacks or self-harm.

Al Muderis went ahead nonetheless. A year later, Urquhart was in unbearable pain and Paterson quit, citing “ideological differences” with the team. Shona and other staff, speaking anonymously to protect their positions, say Al Muderis was a demanding boss and staff worked long hours in often hostile settings.

“The way he spoke to you, treated you, he would humiliate you in public. It was quite degrading and traumatic. That was the way he ran the team – that kind of abusive way,” Shona says.

Al Muderis provided a long list of peer-reviewed articles ahead of the interview that showed his team published the positives and negatives of the surgery. In relation to the team’s culture, he acknowledged there could be “robust discussions” but overall, he said the team had “grown stronger and more unified” over the past 12 years.

“We can be hotheaded ... But it’s very healthy and the whole aim is to put the patient at the centre.”

A sales culture

In 2012, Las Vegas amputee Fred Hernandez sent a business proposal to Al Muderis. In exchange for free surgery on his above-knee amputation, Hernandez said he would promote osseointegration in the giant US market. Hernandez said awareness of the procedure there was low, and proposed to change this by “mimicking American advertising activities”. One year later, he was on a plane to Sydney, in what was the beginning of a lucrative partnership.

Initially, Hernandez was paid invoices of \$US3500 (\$A5170) a month to promote the surgery. He later signed a contract, which included \$US1000 commissions for every patient that Hernandez sent to Australia.

Using telemarketing-styled phone scripts, Hernandez sold osseointegration as a holiday, where patients could explore the attractions Down Under while undergoing a life-changing procedure. He shared his own personal experience to encourage patients to sign up and provided brochures detailing other patient success stories. In the US, personal testimonials and advertising of medical procedures are legal but in Australia, they are banned.

Al Muderis' public relations employee intervened during the interview with *The Age*, the *Herald* and *60 Minutes*, to claim there could be “real implications” if the surgeon were accused of using testimonials, before citing the industry regulator's definition. “It means sharing a story in a positive light and providing a recommendation,” she said.

Al Muderis's partnership with Hernandez was lucrative. Each US patient returned a net profit of \$US75,000, according to court documents filed by Al Muderis and his companies in the Nevada District Court. The growing business contributed to the doctor's life of luxury. In 2018, he made headlines for purchasing a [\\$10 million penthouse in Sydney's Lavender Bay](#). Nowadays, he is seen driving around the harbourside suburb in a blue McLaren or in his wife, Claudia's yellow Lamborghini.

“My personal life is my personal life. Have you seen the latest Australian Taxation Office report?” he said. “It showed that surgeons are the highest earners in this country. It is a fact, and I'm not dissimilar to any other orthopedic surgeon in this country.”



“I enjoy cars, but I work very hard for what I do.” Al Muderis with his wife’s Lamborghini SUV. 60 MINUTES

However, Al Muderis denied his clinic used advertising and denied Hernandez was paid commissions.

“Why would I do that? Why would I do that? I have patients,” Al Muderis said. “We’re choked with patients. We can’t even do our day-to-day work, in a sensible way. We try to provide safe practice and I don’t have enough hours in the day to function.”

He also said he was “philosophically against anyone raising money through Gofundme to pay for their surgery.” “This is not my practice. This is not what I would do. This never happened in the past, would never happen in the future.” However, leaked documents show the professor instructed staff to “teach [a patient] how to do fundraising for his surgery”.

Over time, the relationship between Al Muderis and Hernandez began to deteriorate. After the business relationship ended, Hernandez wrote a lengthy post on Facebook, alleging poor treatment of patients and staff.

Al Muderis now describes Hernandez as a “real piece of work”. He sued him for defamation in the US, claiming the Facebook posts were financially motivated and began only after he took a job with a competitor. Hernandez lost and was ordered to pay \$US2.4 million in damages. Facing bankruptcy, Hernandez is now seeking to have that judgment overturned.

“I regret ever having been involved with him.”

An open secret

When Al Muderis' team became aware of this joint investigation, American employee Nikki Grace-Strader instructed certain patients to get in touch. Supporters sent a large number of emails detailing the benefits of osseointegration and praising Al Muderis' personal care.

Washington patient Cindy Asch-Martin said: "I won't have a bad word said about Al Muderis.

"I know a few people who had osseointegration done by him and for some reason, there was bad blood between them and they started talking very negatively about him. I was sickened by that."

Asch-Martin travelled to Australia in 2019 for the surgery, paying \$US60,000. On her return to the US, she suffered a traumatic infection where her leg "literally exploded". She spent a further \$US30,000, returning to Australia for revision surgery. Since then, she says she has been able to walk and exercise after being told by other doctors she would be confined to a wheelchair for life.

Asch-Martin says she is grateful she was given a discount for a procedure originally quoted at \$US100,000, after she sent a heartfelt message to the team explaining her financial and emotional circumstances.

"Munjed has had almost more patients than any other surgeon in the world. He continues to perfect it. And he's doing an amazing job and I am extremely grateful for having Munjed in my life to be able to count on him when I need him.

"He's there for me and listens to me. That's the type of doctor I need."

A number of high-profile surgeons working in Australia's largest hospitals disagree. Speaking anonymously because they were not authorised or not willing to speak publicly, they said Al Muderis's "aggressive" approach to surgery has been described as an "open secret" in the medical fraternity.

One described Al Muderis' patient selection as "entirely inappropriate". A man, "who was homeless, psychotic, living under a bridge, came to us in acute psychosis 72 hours after the treatment", the surgeon said. "He was found at St Leonards station walking on his prosthetic stump that was infected."

Osseointegration "was never intended to be done en masse," said another, "It's not something you should be banging into everybody."

A third described an anorexic woman who was a pathological exerciser, and who had her legs amputated after an infection. Al Muderis gave her osseointegration so she could continue running. "If you interview the patient, she will say it was done right," said the surgeon. "But if this person wants to pathologically exercise, we shouldn't enable that."

In response, Al Muderis said his practice was innovative and bound to attract criticism. "It's a new technology. These are clinicians who are of the old school and they don't like change."

Former Alfred hospital head of plastics John Anstee, who performed the very first osseointegration in Australia in 1990, acknowledges he is conservative and could be considered

“old school”. But he said the plight of Urquhart, Smith and Todd and other patients was simply not acceptable.

Anstee has watched the expansion of Al Muderis' practice, and has treated some of his former patients. He acknowledges risk-taking is essential for innovation in medicine, but says there are general principles that must always apply. Surgeons must not hide from their problems.

“Complications will arise,” he said. “But if you do have a complication, you've got to wear it. You're the surgeon. It's your problem. You fix it.”

He's also never seen maggots in a surgical wound.

He says he is speaking out to protect others.

“I don't like to see unnecessary suffering.”



Dr John Anstee. JASON SOUTH

Watch Charlotte Grieve, Tom Steinfort and Natalie Clancy's [60 Minutes report on 9Now](#).



Charlotte Grieve is a business reporter for The Age and Sydney Morning Herald. Connect via [Twitter](#) or [email](#).



CHASING GLORY

Blicavs siblings at the top of their game

SPORT PAGE 36

BLURRING THE LINES

LinkedIn users post about more than just work

MONDAY MEDIA PAGE 26

Celebrity surgeon 'left patients in pain, to rot'

SPECIAL INVESTIGATION

Charlotte Grieve, Tom Steinfort and Natalie Clancy

Celebrity surgeon and refugee advocate Munjed Al Muderis has been accused by patients and former staff of failing to provide adequate care following surgeries, leaving some people mutilated, wheelchair-bound or reliant on heavy pain medication.

Al Muderis has told various media outlets his story of arriving by boat from Iraq as a refugee and becoming one of Australia's top surgeons for his signature surgery, osseointegration, which is performed on amputees.

But now more than 25 patients, 15 surgeons and a dozen of Al Muderis' current and former business associates have told *The Age* and *60 Minutes* of concerns about the surgeon's approach to patient selection and aftercare. He has also been accused of using high-pressure sales tactics to boost patient numbers.

During osseointegration, a titanium rod is implanted into an amputee's residual bone which protrudes through the skin and connects to a prosthetic limb.

Al Muderis has been praised by Prince Harry and was made NSW Australian of the Year in 2020.

But veterans Mark Urquhart and Brennan Smith claim they were not properly warned of the risks and were left in agonising pain.



Munjed Al Muderis.

Urquhart, a former paratrooper, claims to have been ignored when he found maggots in his leg after his bone was left exposed for years.

Former nurse Shona, whose surname has been withheld for privacy reasons, claims she witnessed unethical practices, including high-pressure sales tactics and an abusive workplace culture.

Retired Alfred hospital plastic surgeon John Anstee reviewed patient files and said some outcomes were unacceptable, including the presence of maggots in a wound.

Al Muderis denied using high-pressure sales tactics and apologised to patients who felt abandoned but said these were a disgruntled minority. He said the prosthetics industry and "old school" surgeons were working to destroy him.

"The facts are that the vast majority of patients are extremely happy," he said.

FULL REPORT Pages 4-5



You little C

Carlton's skipper Patrick Brownlow Medal in a thri

SPORT

PLUS Laidley's Cinderella steals the show NEWS PAGE

Royal grandchildren united in grief

Pus, maggots: what a doctor doesn't want you to hear

The refugee-turned-surgeon has found fame by helping amputees walk. Some rue the day they submitted to his knife. **Charlotte Grieve, Tom Steinfort and Natalie Clancy report.**

When Mark Urquhart's new doctors saw the state of his legs, they were horrified. Bone was protruding from one of his amputated thighs and maggots had eaten away at his flesh.

Urquhart is accustomed to pain. Abused as a child by his father, he left home at 15 and as soon as he was old enough, he joined the army to become a paratrooper. But in 1993, during a training exercise, he crashed into the ground at 75km/h and was left in a wheelchair.

In 2016, he thought his fate could be reversed when he asked celebrated surgeon Munjed Al Muderis to operate on him. The former soldier would be able to walk for the first time in decades, and fulfil his dream of escorting his daughter down the aisle.

Instead, the procedure left the veteran with a chronic infection and the worst pain he had ever experienced – like there was “a welder blowing on my legs”.

Al Muderis, Urquhart says, did not seem interested. “This is normal, you'll be right,” he recalls the surgeon saying. In one of their final meetings, Urquhart says he was told to spray his legs with “Febreeze” – an air freshener sold in supermarkets – to deal with the smell, which had grown so bad he says he “could taste it”.

Al Muderis has built a glittering reputation for his treatment of amputees since arriving in Australia as a refugee from Iraq in 1999. He performs a procedure called osseointegration, in which he inserts a titanium rod into the bone of the residual limb. The rod fuses with the bone and protrudes through the skin to connect to a prosthetic. At best, it restores people's ability to walk without the blisters and discomfort of a normal “socket” prosthetic.

For this work, Al Muderis has been praised by Prince Harry and made NSW Australian of the Year. His journey fleeing Saddam Hussein's regime has inspired many. He has been lauded in the media, including by patients, and has become an influential voice in advocating for refugee rights.

Now a joint investigation by *The Age*, *The Sydney Morning Herald* and *60 minutes* has uncovered a darker side of Al Muderis' lucrative practice. Interviews with

more than 25 patients, 15 surgeons and a dozen of Al Muderis' current and former business associates have raised questions about the professor's approach to patient selection and care. Patients have described experiences ranging from life-changing to life-destroying. Some say risks were minimised when their operations were explained, complications ignored and patients left wheelchair-bound or mutilated.

Former nurse Shona, whose surname has been withheld for privacy reasons, identifies what she says are unethical practices by the surgeon, including high-pressure sales tactics and an abusive workplace culture. Patient-turned-promoter Fred Hernandez agrees. Leaked internal documents reveal a grow-at-all-costs mentality and a public image out-of-step with reality.

Retired plastic surgeon John Anstee, who performed the first osseointegration procedure in Australia, says the way Al Muderis treated some patients was simply unacceptable.

Al Muderis acknowledged in an interview that mistakes had been made, and he apologised to patients who felt abandoned or hurt. Ultimately, however, he blames vested interests in the prosthetics industry who he claims are working to destroy him.

“Look, I'm not perfect. I openly admit if I made a mistake to a patient, I openly apologise to the patient,” he said. “The facts are that the vast majority of patients are extremely happy.”

Prized patient

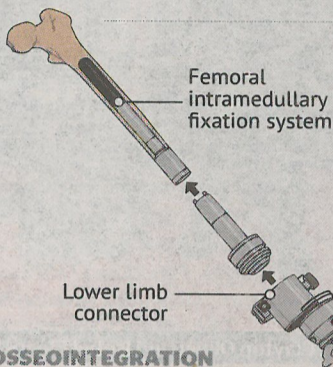
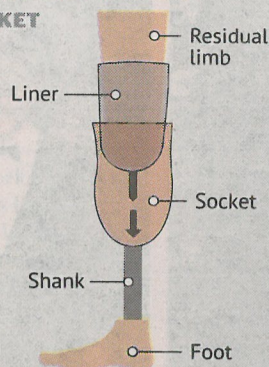
The military training accident that left Mark Urquhart in a wheelchair was the worst of bad luck. At 450 metres above the ground, he flipped and the parachute wrapped around him, leaving him helpless as he plunged into the ground.

After two years' rehabilitation, Urquhart was medically discharged, diagnosed as an incomplete paraplegic with no feeling in his legs but residual movement in his hips. Despite this, he built a successful sporting career in bobsledding, basketball and biathlons. He won three gold medals at the Invictus Games – where Prince Harry remarked on

WHAT IS AN OSSEOINTEGRATION?

TRADITIONAL SOCKET

A personalised socket wraps around the residual limb to form retention and connect the stump with a prosthetic limb. Today, this is the most common treatment for amputees. It is non-invasive but can cause irritation, blisters and redness if not fitted properly.

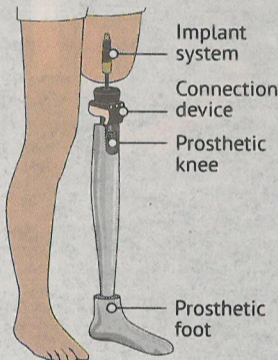


OSSEOINTEGRATION

An emerging option for amputees, involves inserting a titanium rod into the residual bone which protrudes through the skin and connects directly to the prosthetic limb. It removes the discomfort of sockets, but creates a permanent open wound known as a 'stoma'.

IMPLANT

There are a number of companies providing osseointegration technologies worldwide, which include a rod that integrates with bone, a part which protrudes through the skin (known as the dual cone or abutment) and connector which attaches to the prosthetic limb, enabling direct skeletal attachment.



his “incredible sportsmanship”. But Urquhart never gave up on his dream of walking again. In 2016, he gave Al Muderis permission to amputate both his legs above the knee and insert rods into the bones. Less than three months later, Urquhart took his first steps.

But almost immediately, Urquhart noticed something was not right. The wound around the protruding bone looked infected. He went to Al Muderis for help, but he claims to have been turned away time and time again. “It smelt like a dead body,” he says.

For years, he says he was told the smell of rotting flesh, redness, oozing pus and blood were normal and part of the healing process. Even when Urquhart's wound was infested by maggots, he was told there was nothing to worry about.

The infection worsened and developed into osteomyelitis, a chronic infection of the bone. Now, Urquhart is wheelchair-bound once again. This time, though, he has no legs and deals with chronic, severe pain and a reliance on heavy-duty painkillers, as he waits to have the final rod removed.

“It affects everything. Your brain, your mind, it drives you insane. You can't fix it. It feels like someone is standing there with a welder blowing on my legs. They always feel like they're on fire.”

Al Muderis said he could not

comment on specific patients, but explained maggots were not as bad as they looked and the clinic now had a written protocol for dealing with fly-blown wounds.

“I acknowledge that some people feel abandoned. I acknowledge that people have the feeling that we did not do our duty of care. This is not the aim. We try our best to give every patient the care they deserve.”

Urquhart emailed the Department of Veterans Affairs last year, which uses taxpayer funds to pay for former soldiers to have osseointegration, about his experience. He says this complaint went nowhere.

'Life changing'

Osseointegration is immensely invasive: it creates a permanent open wound which must be carefully managed to avoid infection. In some cases, patients deal with ongoing discharge or bleeding from the wound.

When successful, the procedure gives amputees a new life by removing the blisters that come with traditional sockets. It has been performed on amputees around the world since the 1990s.

But Al Muderis modified the surgery time, taking it from two stages to one, and significantly reduced rehabilitation requirements. The changes

allowed him to do more surgeries and Australia to become the fastest-growing destination for osseointegration.

A 2016 research paper shows his clinic completed an average of 25 surgeries a year, compared to 11 in the Netherlands and 1.8 in the United Kingdom. His work has attracted high-profile praise.

But behind the scenes, former confidantes and some patients say it's a different story. Among them are 71-year-old Carol Todd whose pain is so bad she screams at night and new doctors say the only option is to amputate what is left of her leg, or she will die.

Former head nurse Shona worked with Al Muderis's team for three years but quit in 2017 after she became uncomfortable with the clinic's approach to patient selection and aftercare.

“I found it ethically compromising,” she says. “These people are worse off and suffering because of something that I've potentially sold them.”

Despite being hired in a medical role, Shona quickly discovered her primary job was “a salesperson”.

“I was to get patients to sign the consent form, get them over the line, get them to the clinic, get them to surgery. Because I was a nurse, people trusted me.”

If a prospective patient said no, Shona says she would put them in



Dr Munjed Al Muderis
Photo: Tim Bauer



Former SAS paratrooper Mark Urquhart was left in excruciating pain after an operation by Munjed Al Muderis.
Photo: Scott McNaughton

IN THEIR OWN WORDS

CAROL TODD
AGE: 71

CASE: HAS CHRONIC PAIN AFTER OSSEOINTEGRATION IN 2014. THIS AUGUST, SHE WAS TOLD TO AMPUTATE THE REMAINDER OF HER LEG OR DIE.

I lost my leg at six weeks old.

When my husband Geoff got sick with Parkinson's, I thought I could have the [osseointegration] surgery and look after him. I met Munjed and signed up.

Since then I've had nothing but trouble. My bones stopped growing when I was 12 so they're really small. One day [June 2014] I was standing in my laundry, and about half a litre of blood and pus came out of my leg. I've been dealing with infections ever since. I've had five operations, each time my leg got shorter and shorter.

I've never had pain like this before. There are nights where I'm screaming into the pillow and my husband is just holding me, cuddling me.

When I talked to Munjed about my problems, he would just put me aside. That's when I found the team in Melbourne. They were disgusted. They've told me the only option is to cut the rest of my leg off.



RACHAEL ULRICH
AGE: 35

CASE: ULRICH ALMOST DIED AFTER SURGERY WITH AL MUDERIS.

I was born with a vascular malformation in my legs. So I had already had a couple of blood clots in my legs before I decided to do this surgery with Munjed. I live in Texas but we flew to Florida to meet him in 2016. I told him about my clots, he said I was a good candidate, no problem. I needed about a year to fundraise.

I got to Australia in March 2017 and the day before the surgery, I met the GP about the blood thinner. He didn't even know what leg we were talking about.

When I had the surgery, they did an epidural and kept it in for three days. As soon as they took it out, I immediately felt pain in my calf. I knew immediately it was a blood clot pain.

Most of the nurses didn't speak English. Over the next 24 hours, they told me I was imagining it. I ended up on the verge of death. When I told them I could hardly breathe, I was rushed to a CT scan. That's where they found the clots in my lungs. I was rushed to ICU. Munjed said it wasn't his fault, mistakes happen. He really blew it off, was super blasé.



BRENNAN SMITH
AGE: 50

CASE: WAS IN SO MUCH PAIN FROM HIS OSSEOINTEGRATION HE BEGAN CUTTING HIS OWN SKIN OFF WITH A KITCHEN KNIFE.

I'm ex-military. I was on the way to an appointment when I had an accident on my motorbike which put me in a coma. While I was under, I caught a virus. They amputated my leg and I went on to have 18 further amputations. In the end, I couldn't walk more than 10 metres.

I met Munjed in 2018 in a hotel in Brisbane. He said he'd give me a new life. So I transferred \$10,000 cash into his account immediately and got the surgery not long after.

The after-care was non-existent. I have this pain around the rod where skin tries to grow back. I'd have to burn it off with silver nitrate twice a week, but it wasn't helping. It's like your whole body is on fire and someone is shooting you with a taser.

I was never told about the constant oozing, the blood, the pain. It was not what I was marketed, not what I was sold.



BLYTHE WARLAND

CASE: WARLAND LOST HIS HOUSE, RELATIONSHIP AND JOB AFTER PAIN RELATED TO OSSEOINTEGRATION.

I became a below knee amputee after a motorbike accident 30 years ago.

As I got older, my stump started to break down. I had osseointegration in November 2017 and it's been a rollercoaster. About every six months I have a big infection in my leg. The longest it took was five months to get rid of it. The worst is the complex regional pain syndrome (CRPS), which I had never had before osseo.

I get the feeling of my toes being ground off. It's intense and hard to deal with, mentally. I've lost my house. I've lost my relationship. I lost my company. I've lost everything. And I'm still no closer to getting back to work. I'm on constant pain medication.

ANONYMOUS

You've got ooze running out of you all the time. You can't stop it. You become very self conscious when you have something coming out of you. It has an odour to it.

I was under Workers Comp which covered it and he treated me like a cash cow. I had so many surgeries that just weren't necessary. It's like when you go to a mechanic and each time you leave with a new set of tyres.

It seems like a pattern, you go in, then all of a sudden things will go pear shaped and he knows he's got another job.

ANONYMOUS

I've had a phenomenal amount of phantom pain, nerve pain and I'm worse off than where I began. It bleeds a lot.

I've had to pay for all the surgeries out of pocket, it's cleared me out financially. I withdrew all my superannuation to pay for this and now I'm on disability services because I can't go back to work. And I'm on medication all day every day.

It's annoying because I got into this so I could work. Now that's gone too.

ANONYMOUS

I was in extreme pain. Extreme, extreme. I've never been through pain like that before. I couldn't get any help.

I thought I was improving my life, thought it was going to be great. But anyway, that all backfired. I don't do anything that I was doing before. I could go fishing, kayaking, everything really. But I can't even use my limb now. I had full use of it before.

touch with patients who had positive outcomes or downplayed the risks. But as the practice grew, so did the list of patients dealing with problems.

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An unsuitable candidate

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Al Muderis went ahead nonetheless. A year later,

Urquhart was in unbearable pain and Paterson quit, citing "ideological differences" with the team. Shona and other staff, speaking anonymously to protect their positions, say Al Muderis was a demanding boss and staff worked long hours in often hostile settings. "The way he spoke to you, treated you, he would humiliate you in public. It was quite degrading and traumatic," Shona says.

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"We can be hotheaded ... But it's very healthy."

A sales culture

In 2012, Las Vegas amputee Fred Hernandez sent a business proposal to Al Muderis. In exchange for free surgery on his above-knee amputation, Hernandez said he would promote osseointegration in the US market. One year later, he was on a plane to Sydney, in what was the beginning of a lucrative partnership.

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An open secret

When Al Muderis' team became aware of this joint investigation, American employee Nikki Grace-Strader instructed certain patients to get in touch. Supporters sent a large number of emails detailing the benefits of osseointegration and praising Al Muderis' personal care.

Washington patient Cindy Asch-Martin said: "I won't have a bad word said about Al Muderis."

"I know a few people who had osseointegration done by him and for some reason, there was bad blood between them and they started talking very negatively about him. I was sickened by that."

"Munjed ... continues to perfect it. And he's doing an amazing job."



CHRIS BRUHA
AGE: 57

CASE: CHRIS BRUHA RECKONS HE SPENT \$US200,000 ON OSSEOINTEGRATION AND IS NOW BACK IN A SOCKET.

I was in a paragliding accident in May 2016 which crushed both my ankles. I met Munjed in Chicago. I booked a flight to Sydney in August 2019 and stayed for a month.

When I came out of surgery, I had an infection. Munjed never got rid of that infection before he sent me home. Back in the US, Munjed's team was really hard to get hold of. I saw Munjed was attending a conference in July 2018, so I flew there to show him my leg. It was all infected and there was pus dripping down the rods. He said it looks great.

The infection went from skin to bone, so I had to get both implants removed. I lasted 2.5 years with osseointegration and now I'm in a socket. We're talking well over \$US200,000 easy.



MICHELLE ORTIZ
AGE: 49

CASE: SIX YEARS AFTER SURGERY, ORTIZ'S LEG BROKE AND WAS REPLACED, BUT SHE SAYS AL MUDERIS' TEAM STILL HAS NOT SENT HER FILES TO HER NEW SURGEON.

I heard about osseointegration in 2015. I made contact and everything moved really fast. I flew to Sydney in February 2016, met Munjed, and the surgery was in the next three days.

When I got home to California I started running into problems and didn't get answers. And then I fell. I had the Type B implant, which broke seven months after my surgery.

Another surgeon got involved and said we'll switch it. It was just a mess, a bloody mess. He was really forceful and took out a can of saline spray, the same stuff you use to clean your computer.

Afterwards, I got a very bad infection. I got pretty sick. He cost me a lot of money, between \$US65,000 and \$US68,000 by the time I was done. I have to watch it constantly. My surgeon asked him what my dual cone is made of and they just don't respond.

Watch Charlotte Grieve, Tom Steinfort and Natalie Clancy's 60 Minutes report on 9Now.

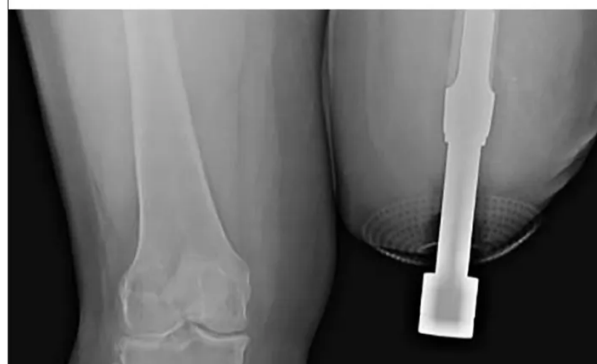
To the bone

Oozing and maggots: The stories one of Australia's most celebrated surgeons doesn't want you to hear

WARNING: THIS STORY CONTAINS DISTURBING IMAGES. Refugee turned high-profile surgeon Munjed Al Muderis has found wealth and fame by helping amputees walk. Many are profoundly grateful, but some rue the day they submitted to his knife.

By Charlotte Grieve, Tom Steinfort and Natalie Clancy

SEPTEMBER 18, 2022



Munjed Al Muderis made his name in a procedure called osseointegration. For some it's been an unhappy experience.

When Mark Urquhart's new doctors saw the state of his legs, they were horrified. Bone was protruding from one of his amputated thighs and maggots had eaten away at his flesh.

Urquhart is accustomed to pain. Abused as a child by his father, he left home at 15 and as soon as he was old enough, he joined the army to become a paratrooper. But in 1993, during a training exercise, he jumped from a plane and was catapulted into the ground at 75km/h. He survived, but was left in a wheelchair.

In 2016, he thought his fate could be reversed when he asked [celebrated surgeon Munjed Al Muderis](#) to operate on him. The former soldier would be able to walk for the first time in decades, and fulfil his dream of escorting his daughter down the aisle.

Instead, the procedure left the veteran with a chronic infection and the worst pain he had ever experienced – like there was “a welder blowing on my legs”.



Former paratrooper Mark Urquhart was left in excruciating pain after an operation by Munjed Al Muderis.
SCOTT MCNAUGHTON

Al Muderis, Urquhart says, did not seem interested. “This is normal, you’ll be right,” he recalls the surgeon saying. In one of their final meetings, Urquhart says he was told to spray his legs with “Febreze” – an air freshener sold in supermarkets – to deal with the smell, which had grown so bad he says he “could taste it”.

“I couldn’t believe it,” Urquhart says. “That was the end.”

Al Muderis has built a [glittering reputation](#) for his [treatment of amputees](#) since arriving in Australia as a refugee from Iraq in 1999. He performs a procedure called osseointegration, in which he inserts a titanium rod into the bone of the residual limb. The rod fuses with the bone and protrudes through the skin to connect to a prosthetic. At best, it restores people’s ability to walk without the blisters and discomfort of a normal “socket” prosthetic.

For this work, Al Muderis has been [praised by Prince Harry](#) and made [NSW Australian of the Year](#). His journey fleeing Saddam Hussein's regime has inspired many. He has been lauded repeatedly in the media, including by delighted and devoted patients, and has become an influential voice in advocating for refugee rights.



Prince Harry with amputee Lieutenant Ali Spearing, who lost both legs in Afghanistan, and Munjed Al Muderis. ROHAN KELLY

Now a joint investigation by *The Age*, *Sydney Morning Herald* and *60 minutes* has uncovered a darker side of Al Muderis' booming and lucrative practice. Interviews with more than 25 patients, 15 surgeons and a dozen of Al Muderis' current and former business associates have raised serious questions around the professor's approach to patient selection and aftercare. Patients in Australia and internationally have described experiences ranging from life-changing to life-destroying. According to some, risks were minimised when their operations were explained to them, complications ignored and patients left wheelchair-bound or mutilated.

Former nurse Shona, whose surname has been withheld for privacy reasons, speaking publicly for the first time, identifies what she says are unethical practices by the well-known surgeon, including high pressure sales tactics and an abusive workplace culture. Patient-turned-promoter Fred Hernandez agrees. A tranche of leaked internal documents reveal a grow-at-all-costs mentality and a public image out-of-step with reality.

Retired Alfred hospital plastic surgeon John Anstee, who performed the first osseointegration procedure in Australia, says the way Al Muderis has treated some of his patients was simply unacceptable.

Al Muderis acknowledged in an interview that mistakes had been made, and he apologised to patients who felt abandoned or hurt. Ultimately, however, he blames vested interests in the prosthetics industry who he believes are working to destroy him.

“Look, I’m not perfect. I openly admit if I made a mistake to a patient, I openly apologise to the patient,” he told *The Age*, the *Herald* and *60 Minutes*. “The facts are that the vast majority of patients are extremely happy.”

Prized patient

The military training accident that left Mark Urquhart in a wheelchair was the worst of bad luck. At 450 metres above the ground, his body flipped, and the parachute wrapped around him, leaving him helpless as he plunged into the ground.

After two years of rehabilitation, Urquhart was medically discharged from the army. He was diagnosed as an incomplete paraplegic, with no feeling in his legs but residual movement in his hips. Despite the disability, he built a successful sporting career in bobsledding, basketball and biathlons. He won [three gold medals at the Invictus Games](#) – where he was singled out by Prince Harry for “incredible sportsmanship”.

But Urquhart never gave up on his dream of walking again. “When I met Munjed, I thought ‘this is my chance’.”

In 2016, he gave Al Muderis permission to amputate both his legs above the knee and insert rods into the residual bones. Despite suffering a stroke during surgery, the operation was considered a success. Less than three months later, Urquhart took his first steps. He was embraced as a prized patient and promoted the procedure on the Sunshine Coast.

WARNING: DISTURBING IMAGE BELOW

But almost immediately, Urquhart noticed something was not right. The wound around the protruding bone looked infected. He went to Al Muderis for help, but he claims to have been turned away time and time again.

“It smelt like a dead body,” he says.

For years, he says he was told the smell of rotting flesh, redness, oozing pus and blood were normal and part of the healing process. Even when, one hot summer, Urquhart’s wound was infested by maggots, he was told there was nothing to worry about.



Mark Urquhart’s army service was cut short when he became an incomplete paraplegic in 1993 during a paratrooping incident.

Al Muderis sought to treat the exposed bone using skin grafts but this was unsuccessful. The infection worsened and eventually developed into osteomyelitis, a chronic infection of the bone. Now, Urquhart is wheelchair-bound once again. This time, though, he has no legs and deals with chronic, severe pain and a reliance on heavy-duty painkillers as he waits to have the final rod removed.

“It affects everything. Your brain, your mind, it drives you insane. You can’t fix it. It feels like someone is standing there with a welder blowing on my legs. They always feel like they’re on fire.”

Al Muderis said he could not comment on specific patients, but explained maggots were not as bad as they looked and the clinic now had a written protocol for dealing with fly-blown wounds.

“I acknowledge that some people feel abandoned. I acknowledge that people have the feeling that we did not do our duty of care. This is not the aim. We try our best to give every patient the care they deserve.”

Urquhart emailed the Department of Veterans Affairs last year, which uses taxpayer funds to pay for former soldiers to have osseointegration, about his experience. “I feel I was a pay cheque for him as aftercare is pathetic,” he wrote to the department in February 2021. “I would prefer not having another Australian veteran to go [through] what I have and live in even more constant pain.”

He says this complaint went nowhere.

‘Life changing’

Osseointegration is immensely invasive: it creates a permanent open wound, known as a “stoma”, which must be carefully managed to avoid infection. A healthy stoma is when the skin grows neatly around the implant, but in some cases, patients deal with ongoing discharge or bleeding from the wound.

When successful, the procedure gives amputees a new life by removing the blisters that come with traditional sockets and allows greater control over prosthetic limbs. It has been performed on clusters of amputees around the world in specialist clinics since the 1990s.

But Al Muderis modified the surgery time, taking it from two stages to one, and significantly reduced rehabilitation requirements. The changes allowed him to do more surgeries and Australia to become the fastest-growing destination for osseointegration.

A 2016 research paper shows his clinic completed an average of 25 surgeries a year, compared to 11 in the Netherlands and 1.8 in the United Kingdom.

His work has attracted high-profile praise, including from the likes of former NSW premier Gladys Berejiklian and Prince Harry. “It is life changing, it really is,” Prince Harry told reporters in 2015.

“It changes everything about you, whether you’re military or civilian. It’s really incredible what he’s [Dr Al Muderis] done, and [the story and the background](#) is pretty spectacular as well.”

Behind the scenes, former confidantes and some patients say it’s a different story. Among them are 71-year-old Carol Todd, who was told she could have the operation even though her bones had stopped growing when she was 12 and she had lived an active life using sockets. Now her pain is so bad she screams at night, feels 20 years older and new doctors say the only option is to amputate what is left of her leg, or she will die.

Brennan Smith, another military veteran, was also sold on the idea of walking again, but says: “I was never told about the constant oozing, the blood, the pain. It was not what I was marketed, not what I was sold.” He, too, has developed a reliance on painkillers.

Rachael Ulrich says Al Muderis’s clinic did not properly consider her complex vascular disorder, which meant she developed blood clots. She was not put on blood thinners during the surgery and almost died.

Former head nurse Shona worked with Al Muderis’s team for three years but quit in 2017 after she became uncomfortable with the clinic’s approach to patient selection and aftercare.

“I found it ethically compromising, as a nurse, and as a person,” she says. “These people are worse off and suffering because of something that I’ve potentially sold them. What have I done? It’s not right.”



Shona is a former nurse at Al Muderis’s Osseointegration Clinic. RHETT WYMAN

Despite being hired in a medical role, Shona quickly discovered her primary job was “a salesperson”. “I was to get patients to sign the consent form, get them over the line, get them to the clinic, get them to surgery,” she says. “Because I was a nurse, people trusted me.”

The people she was courting were those in pain who wanted their lives back. “They don’t want to be an amputee anymore. The vulnerability played to Munjed’s advantage,” she says.

If a prospective patient said no, Shona says she would put them in touch with patients who had positive outcomes or downplayed the risks. But as the practice grew, so did the list of patients dealing with problems. Shona says her phone was inundated with patients in despair and, “I didn’t know how to help them”.

Like other surgeons who perform osseointegration, Al Muderis began his practice with caution. According to several clinicians who have worked alongside him, he initially avoided patients with health problems that could undermine their recovery, such as diabetes and vascular disease. But Shona, some of his patients and other surgeons say that, as he performed more surgeries and became more confident, the criteria broadened to the point where Al Muderis developed a reputation for rarely turning anyone away.

According to Al Muderis: “We knock back a significant proportion of patients. We don’t offer osseointegration surgery for patients just because they demand it. We offer it if a patient needs it.”

An unsuitable candidate

In his practice, prospective patients are assessed by a team of specialists for their suitability and given the opportunity to raise concerns. However, according to those who have worked in the clinic, Al Muderis was the ultimate decision-maker and could overrule his colleagues. In Urquhart’s case, medical records from Norwest Private Hospital show pain specialist Andrew Paterson concluded he was unsuitable: amputation and osseointegration could exacerbate Urquhart’s existing pain and PTSD, possibly leading to muscle spasms, anxiety attacks or self-harm.

Al Muderis went ahead nonetheless. A year later, Urquhart was in unbearable pain and Paterson quit, citing “ideological differences” with the team. Shona and other staff, speaking anonymously to protect their positions, say Al Muderis was a demanding boss and staff worked long hours in often hostile settings.

“The way he spoke to you, treated you, he would humiliate you in public. It was quite degrading and traumatic. That was the way he ran the team – that kind of abusive way,” Shona says.

Al Muderis provided a long list of peer-reviewed articles ahead of the interview that showed his team published the positives and negatives of the surgery. In relation to the team’s culture, he acknowledged there could be “robust discussions” but overall, he said the team had “grown stronger and more unified” over the past 12 years.

“We can be hotheaded ... But it’s very healthy and the whole aim is to put the patient at the centre.”

A sales culture

In 2012, Las Vegas amputee Fred Hernandez sent a business proposal to Al Muderis. In exchange for free surgery on his above-knee amputation, Hernandez said he would promote osseointegration in the giant US market. Hernandez said awareness of the procedure there was low, and proposed to change this by “mimicking American advertising activities”. One year later, he was on a plane to Sydney, in what was the beginning of a lucrative partnership.

Initially, Hernandez was paid invoices of \$US3500 (\$A5170) a month to promote the surgery. He later signed a contract, which included \$US1000 commissions for every patient that Hernandez sent to Australia.

Using telemarketing-styled phone scripts, Hernandez sold osseointegration as a holiday, where patients could explore the attractions Down Under while undergoing a life-changing procedure. He shared his own personal experience to encourage patients to sign up and provided brochures detailing other patient success stories. In the US, personal testimonials and advertising of medical procedures are legal but in Australia, they are banned.

Al Muderis’ public relations employee intervened during the interview with *The Age*, the *Herald* and *60 Minutes*, to claim there could be “real implications” if the surgeon were accused of using testimonials, before citing the industry regulator’s definition. “It means sharing a story in a positive light and providing a recommendation,” she said.

Al Muderis’s partnership with Hernandez was lucrative. Each US patient returned a net profit of \$US75,000, according to court documents filed by Al Muderis and his companies in the Nevada District Court. The growing business contributed to the doctor’s life of luxury. In 2018, he made headlines for purchasing a [\\$10 million penthouse in Sydney’s Lavender Bay](#). Nowadays, he is seen driving around the harbourside suburb in a blue McLaren or in his wife, Claudia’s yellow Lamborghini.

“My personal life is my personal life. Have you seen the latest Australian Taxation Office report?” he said. “It showed that surgeons are the highest earners in this country. It is a fact, and I’m not dissimilar to any other orthopedic surgeon in this country.”



“I enjoy cars, but I work very hard for what I do.” Al Muderis with his wife’s Lamborghini SUV. 60 MINUTES

However, Al Muderis denied his clinic used advertising and denied Hernandez was paid commissions.

“Why would I do that? Why would I do that? I have patients,” Al Muderis said. “We’re choked with patients. We can’t even do our day-to-day work, in a sensible way. We try to provide safe practice and I don’t have enough hours in the day to function.”

He also said he was “philosophically against anyone raising money through Gofundme to pay for their surgery.” “This is not my practice. This is not what I would do. This never happened in the past, would never happen in the future.” However, leaked documents show the professor instructed staff to “teach [a patient] how to do fundraising for his surgery”.

Over time, the relationship between Al Muderis and Hernandez began to deteriorate. After the business relationship ended, Hernandez wrote a lengthy post on Facebook, alleging poor treatment of patients and staff.

Al Muderis now describes Hernandez as a “real piece of work”. He sued him for defamation in the US, claiming the Facebook posts were financially motivated and began only after he took a job with a competitor. Hernandez lost and was ordered to pay \$US2.4 million in damages. Facing bankruptcy, Hernandez is now seeking to have that judgment overturned.

“I regret ever having been involved with him.”

An open secret

When Al Muderis' team became aware of this joint investigation, American employee Nikki Grace-Strader instructed certain patients to get in touch. Supporters sent a large number of emails detailing the benefits of osseointegration and praising Al Muderis' personal care.

Washington patient Cindy Asch-Martin said: "I won't have a bad word said about Al Muderis.

"I know a few people who had osseointegration done by him and for some reason, there was bad blood between them and they started talking very negatively about him. I was sickened by that."

Asch-Martin travelled to Australia in 2019 for the surgery, paying \$US60,000. On her return to the US, she suffered a traumatic infection where her leg "literally exploded". She spent a further \$US30,000, returning to Australia for revision surgery. Since then, she says she has been able to walk and exercise after being told by other doctors she would be confined to a wheelchair for life.

Asch-Martin says she is grateful she was given a discount for a procedure originally quoted at \$US100,000, after she sent a heartfelt message to the team explaining her financial and emotional circumstances.

"Munjed has had almost more patients than any other surgeon in the world. He continues to perfect it. And he's doing an amazing job and I am extremely grateful for having Munjed in my life to be able to count on him when I need him.

"He's there for me and listens to me. That's the type of doctor I need."

A number of high-profile surgeons working in Australia's largest hospitals disagree. Speaking anonymously because they were not authorised or not willing to speak publicly, they said Al Muderis's "aggressive" approach to surgery has been described as an "open secret" in the medical fraternity.

One described Al Muderis' patient selection as "entirely inappropriate". A man, "who was homeless, psychotic, living under a bridge, came to us in acute psychosis 72 hours after the treatment", the surgeon said. "He was found at St Leonards station walking on his prosthetic stump that was infected."

Osseointegration "was never intended to be done en masse," said another, "It's not something you should be banging into everybody."

A third described an anorexic woman who was a pathological exerciser, and who had her legs amputated after an infection. Al Muderis gave her osseointegration so she could continue running. "If you interview the patient, she will say it was done right," said the surgeon. "But if this person wants to pathologically exercise, we shouldn't enable that."

In response, Al Muderis said his practice was innovative and bound to attract criticism. "It's a new technology. These are clinicians who are of the old school and they don't like change."

Former Alfred hospital head of plastics John Anstee, who performed the very first osseointegration in Australia in 1990, acknowledges he is conservative and could be considered

“old school”. But he said the plight of Urquhart, Smith and Todd and other patients was simply not acceptable.

Anstee has watched the expansion of Al Muderis’ practice, and has treated some of his former patients. He acknowledges risk-taking is essential for innovation in medicine, but says there are general principles that must always apply. Surgeons must not hide from their problems.

“Complications will arise,” he said. “But if you do have a complication, you’ve got to wear it. You’re the surgeon. It’s your problem. You fix it.”

He’s also never seen maggots in a surgical wound.

He says he is speaking out to protect others.

“I don’t like to see unnecessary suffering.”



Dr John Anstee. JASON SOUTH

Watch Charlotte Grieve, Tom Steinfort and Natalie Clancy’s [60 Minutes report on 9Now](#).



Charlotte Grieve is a business reporter for The Age and Sydney Morning Herald. Connect via [Twitter](#) or [email](#).