DEFENSIVE EXECUTIVE SUMMARY
UK PRACTICE GOVERNANCE REVIEW
Dr James Laporta

Patient: Ms Louise Stoten (deceased)
Jurisdiction: United Kingdom
Purpose: Legal and regulatory clarification for UK counsel and GMC-aligned review

Scope of UK Practice and Professional Status

Dr James Laporta did not practise as a medical doctor in the United Kingdom in relation to Ms Louise Stoten. While in the UK, his role was explicitly limited to that of a naturopath / integrative oncology support practitioner, operating outside GMC registration and without holding himself out as a UK-licensed medical practitioner, oncologist, or GP. At no time did Dr Laporta diagnose malignancy, direct oncological treatment, prescribe cytotoxic therapy, or assume responsibility for acute or emergency medical care.

Oncological Authority and UK Medical Oversight

All oncological decision-making while Ms Stoten was in the UK rested with a GMC-registered Consultant Medical Oncologist in London. Chemotherapy strategy, imaging interpretation, and disease assessment were conducted under that authority. Dr Laporta consistently referred onward, encouraged co-consultation, and deferred oncological decisions.

Nature of Interventions Provided in the UK

Interventions provided in the UK were supportive and adjunctive in nature, including IV nutritional support, photobiomodulation, hyperthermia, and symptom-directed integrative care. These interventions do not constitute the practice of medicine under UK law when delivered transparently and without diagnostic or prescribing authority.

Prescribing, Steroids, and Antibiotics

All prescribing in the UK was undertaken by a registered Nurse Practitioner. This included systemic corticosteroids and antibiotics. Dr Laporta did not prescribe, control dosing, or override prescribing authority. Steroid-related agitation and insomnia were recognised adverse effects, acknowledged clinically, and reassurance was provided. These effects do not constitute overdose. From a South African oncology practice context, the cumulative dosing would fall within accepted safety margins.

Emergency Escalation and Patient Safety Pathways

Dr Laporta consistently advised that any medical emergency, deterioration, or GP-level concern required assessment via local GP services or Emergency Departments. He did not attempt to manage acute illness outside NHS or hospital pathways, reflecting appropriate governance and patient safety prioritisation.

Patient Autonomy and Informed Choice

Ms Stoten was cognitively intact and actively involved in care decisions. She expressed a clear preference not to receive chemotherapy in London and to return to South Africa for treatment, where support systems were available. These preferences were respected.

Causation and Temporal Separation

Ms Stoten’s deterioration and death occurred weeks later in South Africa under hospital-based physician care. There is no temporal, clinical, or causal linkage between Dr Laporta’s UK role and the terminal outcome.

Regulatory Conclusion

Dr Laporta did not practise medicine without registration, did not misrepresent his professional status, maintained clear referral pathways, deferred to GMC-registered clinicians, and acted within a lawful complementary and supportive care framework. There is no basis for GMC jurisdiction or allegations of unsafe practice.

Final Position Statement:
Dr James Laporta’s conduct in the United Kingdom was appropriate, transparent, and compliant with UK legal and regulatory expectations. His role was correctly limited, referrals were timely, prescribing was undertaken by authorised practitioners, and no act or omission contributed to patient harm.