Submission – Mark Wilbourn – 29th September 2025

Response to care regulation proposals for Oxygen Therapy.

I write as chair of the Oxygen Therapy Centre, a former director of the Neuro Therapy Network, former chief medical officer for the Jersey diving hyperbaric chamber and somebody who manages their Multiple Sclerosis with Oxygen Therapy.

Increased regulation "will bring Jersey into line with most other jurisdictions in the British Isles, where independent regulation and inspection has been embedded across care settings for many years" is factually incorrect. If the aim is to bring Jersey into line with the British Isles, Oxygen therapy up to 2.0 ATA in Neuro Therapy Network (NTN) centres is exempt from CQC registration/inspection in the UK, so Jersey should not regulate Oxgyen therapy up to 2.0 ATA unless the intention is to increase regulation relative to the UK. The statement is wrong and either disingenuous or ignorant. Embedding it in statute would be dishonest.

If registration with the JCC has a financial impact, then regulation of Oxygen therapy is an additional tax on the third sector. Government has the stated objective to be supporting, rather than penalising and profiting from the 3rd sector.

I am not aware of anybody on island with sufficient understanding of HBOT to inspect facilities, other than myself and Dr John Howel, but as chair of the Jersey Oxygen Therapy Centre I would be conflicted and John has retired. We already have an annual insurance inspection, JCC inspections wouldn't provide additional value and the Jersey Care Commission almost certainly lacks the expertise to inspect facilities competently.

Breathing Oxygen is a basic human right, since cessation of this right carries a 100% mortality. The US recently adopted Oxygen cessation (through supplying 100% Nitrogen) as a means of capital punishment. Many authorities cite the risk of pneumothorax as a significant risk of HBOT, but following the NTN guidelines reduces this risk to less than 1 in 8 million treatment sessions. I.E. NTN centres have conducted about 8 million treatment sessions across Britain since its inception and have never seen a single instance. American centres use more rapid compression/decompression protocols and still only trigger pneumothorax in 1 in 1,000,000 treatments. The risk of pneumothorax with American protocols is similar to flying in a pressurised aeroplane.

The risk of fires is often cited as a reason for regulation of Oxygen Therapy centres, yet it was the absence of these incidents in the UK which led to their exemption from CQC inspection. I am not aware of any recent incidents in Jersey or the UK. There was an incident in the US recently, but that was a monoplace chamber in which the child was completely immersed in oxygen, unlike the responsible British practice.

Overall, I'm not averse to increased regulation, but if this is required, there should not be any additional costs to 3rd sector facilities, NTN standards should be applied rather than the standards for 6.0 ATA or oxygen immersion chambers and there needs to be honesty about the fact that it would create heterogeneity with UK regulations.

If you require any further information, or you need to discuss any of the points that I have raised, you can call me on 07700 342253, or I can come and discuss the issues, if you have a wheelchair accessible meeting place.

If Prof James provides me with his letter, which led to the UK exemption, I'll pass it along.

Dr Mark Wilbourn