

98. Mrs Richards may have required oral morphine for pain relief.
99. If she had been unable to swallow, then it would have been reasonable to give subcutaneous diamorphine.
100. There is no evidence that I have seen to show why she was given subcutaneous diamorphine.
101. There is no evidence that I have seen to explain why the effective dose of opiate was substantially increased when the prescription of oral morphine was changed to a prescription for subcutaneous diamorphine.
102. Morphine and diamorphine in sufficiently large doses cause a reduction in consciousness and in the rate and depth of breathing, and can cause death.
103. Midazolam and methotrimeprazine are commonly given in terminal care to reduce agitation and nausea.
104. Both midazolam and methotrimeprazine are sedative drugs.
105. Mrs Richards was apparently sedated after the commencement of subcutaneous infusion of diamorphine, midazolam, and methotrimeprazine on 18th August 1998.
106. Mrs Richards was not given fluids while in her sedated state.
107. Mrs Richards stopped passing urine while in her sedated state.
108. It is very likely that the administration of subcutaneous diamorphine, and the concurrent administration of midazolam and haloperidol, rendered Mrs Richards too drowsy to take oral fluids,

increased the risk of her developing renal failure, and hastened her demise.

Declaration

109. I understand that my duty is to help the court on matters within my expertise, and that this duty overrides any obligation to those by whom I am instructed or by whom I am paid. I confirm that, in writing this report, I have complied with that duty.

110. I confirm that, insofar as the facts stated in this report are within my own knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

Signed

Professor R E Ferner