

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: STEWART-FARTHING, CHARLES RODNEY

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RETIRED

This statement (consisting of 6 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: Code A Date: 10/05/2004

I am a retired Royal Naval Officer and I live at the address stated overleaf. I am known as Charles generally though some family members would know me as Rodney.

My mother Rhoda Stewart CUNNINGHAM previously FARTHING, re-married in the 1970's to Arthur Denis Brian CUNNINGHAM, he was known as Brian. During the early 1980's my mother and step-father moved down to the Gosport area where I was living at the time, they moved into Raglan Court.

My mother died in 1989, she suffered with cancer and died at home, she was given diamorphine via a syringe driver for her pain. Consequently Brian lived on his own from that time. He was able to look after himself quite well, though he was diagnosed with Parkinson's Syndrome, a condition that was controlled by drugs. Brian was disabled during the war, suffering a spinal injury. He walked with a stick or crutch and also used a scooter.

My step-father could be a difficult man and he managed to alienate people by his manner and attitude, he certainly upset other family members to the extent that I seemed to be the only one who could tolerate him. I found that he could be very blunt but courteous in situations, for instance if food was served cold he would certainly complain about it. Going on from this Brian worked in Ceylon on the tea plantations during the late 1940's and he certainly held a firm master/worker relationship and a typical colonial attitude to the local natives.

During his latter years my step-father stayed in various rest homes the last one being the THALASSA Nursing Home. Also during these latter years he was in and out of hospital

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because of various illnesses including Parkinson's Syndrome. He was treated for the Parkinson's at Gosport War Memorial Hospital by Dr LORD on a day visit basis. Although I never saw nor spoke to Dr LORD it was clear from my conversations with Brian that she was a Ceylonese. Brian also told me that he had discussed, with Dr LORD, his antecedent history (regarding Ceylon) and his views on master/worker relationships as applied. Given Brian's racist beliefs I am in no doubt that such discussions would have been in blunt and discourteous tones, and that this would have been the cause of a deep enmity developing between them both. I am confident that this had the effect of his treatment proceeding only with forced mutual tolerance.

On Monday 21st September 1998 (21/09/1998) I had collected some of Brian's personal belongings from a previous residence and taken them to the Thalassa Nursing Home in Gosport where he was then residing. Upon arrival at the the Thalassa Nursing Home I was informed that Brian had been admitted to the Gosport War Memorial that morning, there was no further information available due to the temporary absence of the nurse.

I visited the hospital immediately and, upon arrival, enquired as to his whereabouts at the reception desk to be told he was in Dryad Ward. At that point another male person in the office at the time (probably a cleaner or porter) passed a remark to the effect that "that was the death ward". At the time I didn't think too much of it as I believed it to be facetious and irresponsible, I proceeded to the ward.

Upon arriving in Dryad Ward I found Brian alone sitting up in bed in a small ward of about six beds. From our discussion I understood that he had been admitted to hospital as he had bedsores. He was perfectly normal and cheerful and remarked that he was there because his behind was a "bit sore". During our conversation I told him that I was on the way to London for a couple of days. Before I left I visited a local shop for some chocolate and a box of paper handkerchiefs he was in need of.

During this visit I used the toilets which were at the far end of a corridor which linked several similar sub-wards which were all very similar in layout to the one Brian was in, each with a single occupied bed whose occupants were already in a vegetative state and evidently close to

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death. It occurred to me then (but without attaching any significance) that it was a form of cruelty to segregate Brian in this way, as he should have been in another ward among people he could speak to especially as he had a gregarious personality and enjoyed discussion and debate. The one thing he would have wished for would be an intelligent ear to twist and argue with.

Before leaving the hospital I spoke to the nursing sister (Gill HAMBLIN) who said that Brian had the worst bedsores she could remember seeing and, incredibly, expressed the opinion that they were so serious that he could not survive them. After asking if it would be possible to see his doctor I was told that Dr LORD would see me at 5pm (1700) that day, I explained my impending absence and this was changed to Monday 28th September 1998 (28/09/1998). This appointment was never kept as it was cancelled by Dr LORD. She subsequently proved to be inaccessible and Brian was already dead.

The following morning, Tuesday 22nd September I telephoned the hospital from London. I enquired about Brian and was told by HAMBLIN that after I had left the day before Brian had become "difficult" and was rude to staff, he had been given something "to quieten him down". I expressed regret and said I would visit immediately on my return the following morning (Wednesday) and have a word with him about his behaviour. I was given no indication that Brian's condition had deteriorated or worsened.

My wife and I arrived at the hospital at approximately lunchtime the next day, Wednesday 23rd September. I was shocked to find that Brian totally unconscious and being administered serial drugs using a syringe driver attached to an artery in his arm. There was no hydration or other infusion, I understood the implications immediately as this was how my own mother ended her days when she died of cancer a few years earlier.

Now realising the full extent of the "death ward" comment and HAMBLIN's earlier statements, I was utterly appalled and demanded that the syringe driver be removed or interrupted without delay in order that I might have at least a final conversation with him. This was refused by HAMBLIN who said that only a doctor could authorise it's removal. I asked for this to be obtained and was told the visiting doctor responsible could not be contacted and that an

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appointment for an interview would be arranged during an expected visit later that day.

We had no choice but to await the arrival of Dr Jane BARTON who eventually saw my wife and I at around 5pm (1700). We were told unequivocally that Brian was dying due to the poisons emanating from his bedsores and that it was too late to interrupt the administration of drugs which, she said, were needed to ensure he was not discomforted in any way and in any case, it was very unlikely he would recover enough to speak coherently. From that point on my wife and I spent most of our hours at Brian's bedside awaiting the inevitable, which happened during the evening of Saturday 26th September.

My next shock occurred when I went to register the death on Monday 28th September 1998, (28/09/1998) having first collected the sealed medical certificate from the hospital. To my amazement I heard from the registrar that the cause of death had been given as Bronchopneumonia. I expressed a strong objection to this as Brian had suffered nothing more than a long term Parkinson's condition and bedsores. With this the registrar deferred registration to enable me to consult the doctor who had signed the medical certificate (Dr BROOK). Dr BROOK was unknown to Brian and myself, her name had never been mentioned before. I attempted to make appointments to see Dr BROOK on more than one occasion but was blocked with excuses of "not being available" and "out of office". I later heard that she and BARTON worked in the same practice and that BARTON had been unavailable to sign the certificate herself, and that BROOK had done it for her. In the end I had no alternative but to request a post mortem examination with the view, as it seemed to me in my ignorance at the time, to establishing a correct cause of death.

A post mortem was duly carried out, after which I was telephoned and bluntly told that the cause of death was exactly as it appeared on the medical certificate and also that I was wrong to ever challenge it. When I said it was entirely inconsistent with Brian's condition and asked if there was any evidence of a drug overdose I was told that no tests had been done and there was no intention of doing anything more. I then contacted the pathologist who had carried out the post mortem examination, he told me much the same, saying that he had acted on the coroners directions. With this I was left with the very definite impression that there was a conspiracy

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afoot and that this even involved the coroner's office.

At this point I had no choice but to allow registration of the death to proceed although I knew the cause to be very fictitious.

I wrote letters of complaint to the Inspector of Nursing Homes on 23rd September 1998 (23/09/1998) and Portsmouth Health Care Trust on 2nd October 1998 (02/10/1998) as far as I am concerned the letters of reply were purely administrative exercises in covering tracks even more than they had been already.

After reading a press report in the Daily Telegraph dated 10th April 1999 (10/04/1999) about the police investigating events at this hospital, I decided to make Brian's case known to them.
