Dudley

Summary of Conclusions

1. (S)(3)You state that my Mother was an elderly, 'frail' lady who had a plasma cell dyscrasia manifested by the presence of an IgA lambda paraprotein and amyloidosis. Where do you reference you quote "frail" and how do you diagnose amyloidosis? My mother was seen on the 2nd June by DrCranfield shy was diagnosed with Nephrotic syndrome, Iga lambda paraprotein and there was NO evidence of of mayloidosis or myeloma.
2. (S)(3)You state that in the 9-12 months prior to her final hospital admission, she had suffered with hronic memory loss and had become unable to look after herself. Where do you find evidence for this? This is a total fabrication; my Mother was completely independent up until her admission into the QA.
3. (S)(3) You state that after stabilisation her clinical condition worsened with severe renal failure and worsening agitation and restlessness – ALTHOUGH IT MAY HAVE BEEN POSSIBLE TO STABILISE HER CONDITION WITH **RELATIVELY SIMPLE MEASURES,** THIS WOULD NOT HAVE MATERIALLY CHANGED HER PROGNOSIS AS DEATH WAS INEVITABLE. What do you mean by this? Are you stating that this renal decline was indeed reversible? (as state by Black, my Mother had AonCRF, the acute being reversible)
4. (S)(3)You state that she was treated appropriately in the terminal phase of her illness with the strong opiods. So you think it is appropriate to give Fentanyl to a non-opiod tolerant patient with kidney failure and then whilst this drug has reached the equivalent level of 135mg Diamorphine, inject her with 50mg of Chlorpromazine and then administer through a syringe driver 40mg Diamorphine and 40mg Midazolam. All which are of the upper doses for adults and should be reduced in the Elderly, especially in those with renal decline.

Chronology/Case Abstract

5. (S)(3) You state that my Mother was diagnosed with mild to moderate congestive cardiac failure – Check this because treatment was stopped – possible misdiagnosis
6. (S)(5) You state that my Mother was diagnosed with Neuphrotic syndrome but that there was no evidence of myeloma. There was also no evidence of lymphoma or amyloidosis and as Dr Stevens states on the 8th it is likely to be longstanding glomerulonephritis.
7. (S)(6) You state that Dr Steven's states that my Mother "is a rather frail old lady" but fail to mention that this comment is only made with reference to her ability to take steroids.
8. (S)(6) You state that my Mother's bone marrow biopsy revealed the presence of amyloid, this is true, but no further mention or treatment was given for this and a diagnosis of amyloidosis was never made.

Sequence of Events following admission to QAH

9. (S)(6)You state that my Mother was admitted to the QA with a mental test score of 3/10 and a MME of 9/30 this test was invalid since they could not ascertain if my Mother could even hear. She was deaf in one ear and had only 30% hearing in the other.
10. (S)(6) You state that my Mother continued confused and aggressive, refusing medication and physically harming staff and was treated with Haloperidol, an anti-psychotic drug. This

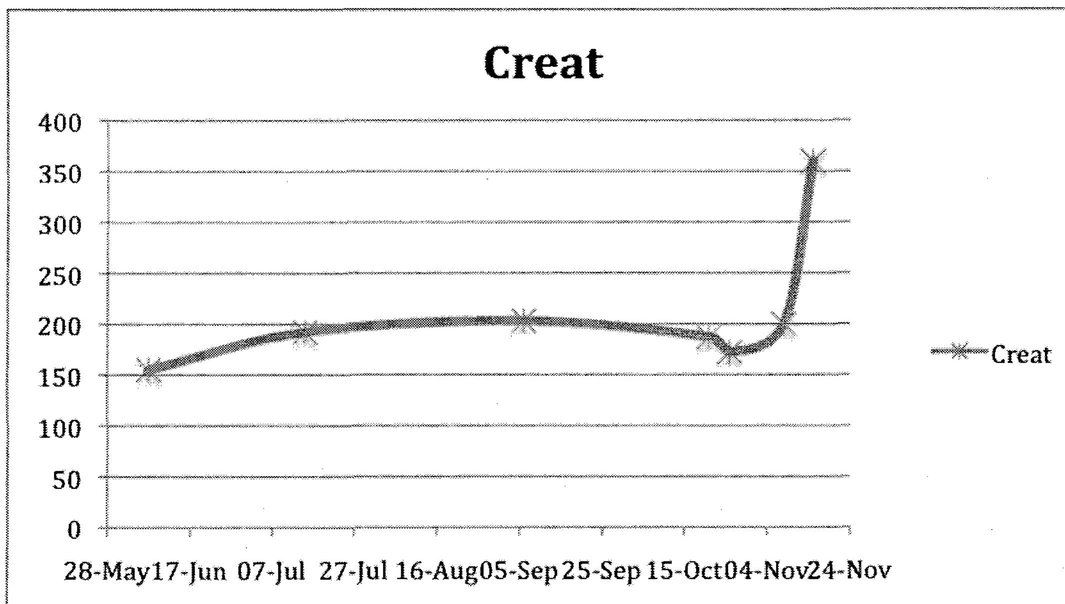
was one during her stay and it is a side-effect of her urinary tract infection and lack of fluids. After her fluids were started she calmed down – hence her referral for rehabilitation.

11. My mothers creatinine and potassium levels began to stabilise

Sequence of Events following admission to the GWMH

Technical Background/Examination of the facts

12. (S)(8) You state that that is is more likely that my Mother did not have glumerulonephritis and rather an underlying IgA lambda protein. Glumerunlonephritis is her cause of death.
13. (Q)8/9) Why do you spend 1/3 of this section of your finding anaylising and describing various kidney condition which my Mother did not have? i.e. Multiple myeloma being untreated results in death – I fail to see the relevance.
14. (S)(9) You state that due to my Mother's bone marrow biopsy demonstrating the presence of amyloid it is more likely than not that the cause of my Mother's nephritic syndrome and renal impairment was due to the deposition of amyloid within the kidney. But this is hearsay.
15. (Q)(9) You state that my Mother's creatinine had progressively risen throughout the year. But actually it had fluctuated between 150 and 200.



In fact it was dropping again prior to the administration of Trimethoprim and Thioridazine.

16. (S)(9) You fail to mention the effects of these drugs on creatinine levels. Trimethoprim alone can cause an important but reversible increase in serum creatinine concentration in acute uncomplicated cystitis and in chronic renal failure.3,4 The mechanism is probably competitive inhibition of tubular secretion of creatinine and does not signify a deterioration in renal function.