EXPERT WITNESS REPORT of Dr Andrew WILCOX (27 September 2005)

Report commences with CONCLUSIONS – will come back to at end

Chronological Case Abstract:

Page 8 (4): DEPRESSION-yes, DEMENTIA-rubbish, Subject never mentioned until Dr Lord's final assessment on the day of admission where she mentions the possibility of an **element of dementia** (without saying what) I want it understood by the jury that ADBC was **in full possession of his faculties and was a sharp intelligent person**

Page 8 (5): His mobility was always awkward due to his wartime injury, and actually declined gradually after acquiring an electric scooter. In his last few weeks, the drugs he was taking no doubt weakened him and reduced his mobility further

Citing CONFUSION is not correct. ADBC was always clear in his thoughts and expression (although often repetitive)

Page 8/9: RUBBISH. Backache was caused by a fall at the Rest Home, he NEVER complained about pain from his old injury

Page 11/12: The most obvious symptoms of his Parkinson's was an occasional trembling left hand and the gathering of excess saliva on the lips. In CRSF's opinion, any stiffness noted on 14 Sep was something else

Page 12: Should not CRSF have been notified of any non-compliance????

Page 14: MISSING

Page 15: **Describes ADBC as sedated at 2200 on 21 Sep**, yet a syringe-driver was commenced at 2310. What is your opinion of this??

Would you have proceeded along these lines????

Page 16: It is NOT CORRECT that CRSF was informed that a syringe-driver had been commenced – SHOULD HE HAVE BEEN???? Your analysis is confused. As it refers to events on the evening of 21 Sep but dated 22 Sep.

Page 21: Starting with a 20mgs dose of Diamorphine, how long would you expect to remain on that dose before need to increase?????

Page 26: NOT TRUE that he had chronic back-pain caused by his injuries. One reason why he could not get comfortable at night was because he was **deprived of the monkey pole** he had previously had in his apartment, and thus unable to adjust his position without help

AGREE UNANSWERED QUESTION:

- **Page 27/28:** Having been admitted for more intensive therapy on his ulcer, why was terminal care applied from the outset?
- **Page 29:** Why necessary to apply a double dose of Oramorph at 2015 (also what about the missed dosage due at 1850)?
- **Page 29:** Why weren't his usual drugs given on the day of admission? (How might that have effected his behaviour?)
- **Page 29:** If already sedated at 2200, why necessary to commence syringe-driver?
- **Page 29:** Who decided to commence the syringe-driver?
- **Page 30:** If the needs of patients varies greatly as you say, what is your opinion of BARTON'S prescription and control?
- **Page 30:** ADBC was not demented, therefore your assumptions are not relevant
- **Page 31:** Needs to be explained why further increases in regular analgesia/sedation not applied before a syringe-driver was commenced, **especially** when still able to take treatments orally as late as 22 Sep
- **Page 31:** CRSF was angry to find a syringe-driver in use as he guessed (correctly) that ADBC's life was being intentionally terminated (as his mother's had been by the same method some years before – **in Gosport!!!!!!**)
- **Page 31:** Dr Lord should also be asked to explain why she cancelled my appointment with her on Wed 23 Sep.
- **Page 32 et al** An explanation is needed as to why doses were increased (esp. 100% step), and who decided
- **Page 38:** Does this imply that the application of excessive opiates could have been the eventual cause of bronchopneaumonia????

CONCLUSIONS:

Line 4: INCORRECT, ADBC did not have long-standing back pain

Line 9: INCORRECT ADBC was not demented

Line 20: Admitted for curative treatment of bedsore, NOT TERMINAL CARE

Line 24: Barton fell short of GOOD STANDARD OF CARE

- Lack of clear notes (line 26)
- Inadequate assessment of patient (line 26)

- Prescribing an unjustifiable large range of diamorphine (line 27-31)
- Failing to pursue other pain strategies, especially in early days and during turning
- Permitting excessive doses of diamorphine without clear reason
- Disregarding ADBC's safety

What knowledge do you have of earlier expert assessments done by Dr Munday and Profs Ford and Forrest??

SUMMING-UP
Whilst you correctly observe that ADBC was admitted for treatment of a bedsore and not terminal care, and that BARTON fell short of providing a good standard of care, your expert evidence has been based on SIX incorrect statements by police witnesses:

1. ***Contrary to being demented**, ADBC sharp, well-educated and had a good memory*
2. *He could **never** be described as being CONFUSED about anything*
3. *Any backache he had was due to a **recent fall, not** his old war injury*
4. *Family were **never informed** that a syringe-driver was to be used, and your analysis appears to confuse the dates*
5. *Multiple moves of Care Home **were not** due to dissatisfaction with standard of care (haunted)*
6. ***He did not** suffer from any form of mental impairment*

Does any of this have a bearing on your conclusions??????????/