

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: JOINES, SHEELAGH

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

This statement (consisting of 5 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: S A JOINES

Date: 12/02/2003

I am the above named person and I live at the address overleaf. I began my training as a nurse in 1955 at the Royal and Queen Alexander Hospital in Portsmouth. I qualified in August 1958 as a State Registered Nurse and went on to qualify as a midwife in 1960 at Beckenham in Kent.

In 1961 I married my husband who was in the RAF. In 1963 we were stationed in RAF Changai where I worked as a civilian sister for about 2½ years. I returned to England in 1966 and I began working at the GWMH as a staff nurse on the female ward. I worked there until 1968 when I adopted a son. I gave up work and had a daughter in July 1969.

In March 1970 we moved to South Africa where I again started work as a nurse at the Vordrekkerhoogte Military Hospital. I was a sister on a general ward leaving in 1971. I then worked in Nedpark Hospital Arcadia as a sister for about a year. In early 1973 we returned to Gosport in the UK.

Having returned to England I began working again at the GWMH, I was a staff nurse on the male ward for about two - three months and then began work at Northcote Annex as a sister for about 18 months. This was a geriatric ward, the first one I had worked on.

I then had a period of 18 months on a children's ward before going back to Northcote Annex where I worked for about a year before returning to the children's ward. I think this would have been about 1977.

In 1979 until 1997 (rough dates) I worked on the male ward at GWMH as a sister, dealing with

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medical, surgical, geriatric and terminal care patients. During that period the male ward moved to Daedalus Ward in 1993. The male ward at the GWMH came under GP's but Daedalus Ward was under the control of a consultant, Dr LORD . I enjoyed a good working relationship with Dr LORD, who in my opinion was an excellent doctor.

The other doctor who worked on Daedalus Ward was Dr Jane BARTON , who was the clinical assistant. Dr BARTON would make the early morning visits and review the patients. I found Dr BARTON to be one of the best doctors I worked with. She is a very caring lady and someone I would describe as compassionate, she is a fair lady and someone who valued the opinion of her staff. She is still my GP and someone I trust and respect highly. Although we had a first class working relationship we never went out socially.

Although Daedalus Ward was there to cater for rehab patients in my opinion this was not always possible. We would take stroke rehab where it was not always possible to rehabilitate them. We did rehabilitate some patients and got them home or into nursing homes. The rest of the beds in the ward were long stay patients. Many of these patients were at the hospital for respite care. However if it was felt that their relatives were unable to cope with them at home they would then be transferred into a long stay bed. This decision would be made by Dr LORD.

Whilst working I was involved in terminal care of very ill patients. There were people who were so ill they were expected to die. It was always my aim to give these people care, comfort and dignity. I was given instruction in the use of syringe drivers. These provided patients with 24 hour pain relief, normally for patients who were unable to swallow oral analgesics. We could also administer sedation and drugs to dry up secretions.

Only a doctor could authorise the use of a syringe driver, they would be put up by two trained nursing staff and with the consent of the patients family. With regard to the very ill patients for whom there was no further treatment who were in pain or distressed, I would inform the family that the use of the syringe driver would lead to a peaceful, dignified death. The use of the syringe driver did not accelerate the process of dying. In the four years I was at Daedalus only one family declined and asked for treatment by antibiotics. This was done as per their request.

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Whilst at Daedalus Ward some patients would suffer from pain for a period of time prior to being seen by Dr BARTON. This was because quite rightly the patients were being seen by partners of Dr BARTON who did not know the case history and were therefore unwilling to prescribe analgesic drugs required by the patients.

To that end it was agreed by Dr LORD, Dr BARTON and myself that Dr BARTON would prescribe medication prior to it being required. This was done in case a patient deteriorated and needed the drugs that had been prescribed. The prescriptions were written up as a patients admission in case they were needed, not as a matter of routine. I do not know if this practice was used on other wards.

Once the drug had been prescribed if and only if the patient deteriorated I would inform Dr BARTON and tell her I thought the time had come for the drugs to be given. I would see the relatives and discuss the situation with them in detail, involving the outcome and only if they agreed I would speak to Dr BARTON again informing her the family had given their permission and on her authority commence a syringe driver on minimal dosage given the scale as laid down by Dr BARTON. Any increase in dosage could only be authorised by Dr BARTON.

Dr BARTON would only give her permission to start a syringe driver, a few hours after having seen the patient and was fully aware of their medical condition and the need for a syringe driver. At no time did Dr BARTON and I ever disagree about the use of syringe drivers. I have never had any concern about the use of syringe drivers or the drugs given under the direction of Dr BARTON. Had I been worried I would have questioned Dr BARTON had she failed to answer me in a satisfactory manner I would have spoken with my manager or Dr LORD.

I am not aware of any trained or auxiliary staff voicing concern about the use syringe drivers. I am not aware of any of the families I dealt with making complaints about syringe drivers or Dr BARTON.

In my opinion as a result of the current investigation many people will not get the pain free,

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dignified deaths they would otherwise have had.

In January 1997 I retired from the GWMH. Since then I have worked as a night nurse co-ordinator which is a clerical post based at Waterlooille.

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