

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: DUNLEAVY, JOANNE

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

This statement (consisting of 2 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: J DUNLEAVY

Date: 10/06/2003

I am the above named person and I reside at an address known to Hampshire Police.

I am a Staff Nurse (RGN E Grade) at the Gosport War Memorial Hospital and have been since May 1987. I work on Sultan Ward but cover Dryad and Daedelus Wards on nights.

I feel that the general patient care on these wards over this period of time has been excellent. Syringe drivers are used on the wards as is diamorphine. Syringe drivers and diamorphine are generally used when a patient is in the last stages of life. This is a generalisation as syringe drivers are used when a patient cannot swallow for instance. I have received training in the setting up and use of syringe drivers on a '931' course which is for care in cancer.

I have no concerns about the use of syringe drivers or the prescribing/administering of diamorphine at the hospital.

I have no knowledge of matters connected with the police investigation other than what I have seen in the media. I was interviewed by CHI when this investigation took place.

Signed: J DUNLEAVY
2004(1)

Signature Witnessed by: