

RESTRICTED**RECORD OF INTERVIEW**

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 (SDN / ROTI / Contemporaneous Notes / Index of Interview with VIW / Visually recorded interview)

Person interviewed: REID, RICHARD IAN

Place of interview: FAREHAM POLICE STATION

Date of interview: 08/08/2006

Time commenced: 1142 Time concluded: 1216

Duration of interview: 34 MINUTES Tape reference nos.
 (→)

Interviewer(s): DC1162 QUADE / DC2479 YATES

Other persons present: MR CHILDS, SOLICITOR

Police Exhibit No:	Number of Pages:
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Signature of interviewer producing exhibit
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Person speaking	Text
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DC YATES	Right this is a continuation of the interview with Doctor Richard REID. The time by my watch is 1142 hours. Doctor just a brief break while we changed the tapes. Can you confirm that it's the same person present?
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REID	Yes.
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DC YATES	And that you haven't been asked any questions while the tapes have been off?
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2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 2 of 38

REID No.

DC YATES Thank you very much. We were just, well DC QUADE had just pointed to page 64, an entry by Sister HAMBLIN on the 1st of September, which is the day that you visited the patient, is that correct?

REID Yes.

DC YATES And she has actually increased the dose from 40 to 60 milligrams.

REID Yes.

DC YATES Because the pain hasn't been controlling the symptoms.

REID No the symptoms haven't been controlled.

DC YATES Yeah, what symptoms is she talking about?

REID I don't know.

DC YATES Because she hasn't recorded it. Yet when you saw the patient, which was the afternoon I believe wasn't it?

REID Mm, mm well on the, well probably the afternoon, I'm assuming it was a Monday.

DC YATES Yeah. You've actually used drowsy.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 3 of 38

REID Yes.

DC YATES Which is quite often a side effect of too much Diamorphine?

REID Well it could be but I think I would have to say that sometime to get people pain free they actually are drowsy.

DC YATES So it's a bit of a ...

REID Balancing act.

DC YATES ... grey area, balancing act?

REID Yes.

DC YATES Which brings me back to the fact then because of the variable prescription and it is a complicated judgement call, made by doctors, a sister has been allowed to just up the dose by half again and again no explanation in the notes as to why, other than 'Not controlling symptoms'.

REID Symptoms, yeah.

DC YATES But the patient was drowsy earlier on.

DC QUADE And you've actually, in your entry of the 1st of the ninth, you've actually put 'Rather drowsy but comfortable'.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 4 of 38

REID 'But comfortable'.

DC QUADE So that isn't an indication that there's ...

REID Well certainly not at the time that I saw the patient.

DC QUADE ... but Sister HAMBLIN saw the need to increase the dosage within a few hours of you seeing the patient.

REID Yeah.

DC QUADE Yeah. So you've already said that you're not, you weren't, I think you're saying you're not an expert now but you weren't an expert then in palliative care?

REID I certainly wasn't, no.

DC QUADE No?

REID No.

DC QUADE And you weren't experienced in that type of hospital work?

REID No, no.

DC QUADE No. Were you comfortable about being in the Gosport War Memorial Hospital at that time?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 5 of 38

REID Yes.

DC QUADE You were?

REID Yes.

DC QUADE Yeah. Why was, why were you comfortable being there?

REID Um, well I felt that I, I mean I trusted, I felt that Doctor BARTON provided good care to the patients and that I trusted the nursing staff, I thought they were well motivated. I'd had patients best interests at heart.

DC QUADE Any other reasons for this trust in the other medical staff there?

REID No.

DC QUADE Did you not tell us earlier on that Doctor BARTON, I don't mean earlier on today but I mean in a previous interview, Doctor BARTON was, I'm not sure of the correct, the right words to use but it was more or less along the lines of she was at least as experienced as you were ...

REID Yes.

DC QUADE ... possibly more?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 6 of 38

DC QUADE Yeah and, and was that the case with some of the nursing staff as well about their experience of caring for those sort of patients?

REID Oh certainly in terms of certain cases, long term nursing conditions, pressure sores, they knew far more about it than I did.

DC QUADE And would that have been obvious to the other staff in the hospital when you went there that that they had more knowledge of these things?

REID Oh certainly know more about nursing matters than I did.

DC QUADE And what about Doctor BARTON would she have been aware that she had probably more experience of this type of care than you did?

REID Oh yes, yes.

DC QUADE Yes. So did they ever acknowledge that to you? Do you know what I'm saying, if I move ...

REID (Inaudible).

DC QUADE ... if I move from one post to another within my job ...

REID Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 7 of 38

DC QUADE ... I'm a Det..., let's say for arguments sake I'm a Detective Sergeant and, or a Detective, yeah Detective Sergeant and I move into another department that I'm not familiar with, maybe fraud investigation or something like that and it quite often for a Detective Constable to give me advice on experience ...

REID Yeah.

DC QUADE ... and say "Look I'll show you want to do" even though ...

REID Yes, yeah.

DC QUADE ... I'm his senior officer.

REID Yes, yeah, yeah.

DC QUADE Above him in rank that he would show me, was that happening at the Gosport War Memorial Hospital?

REID Well I mean I was happy to, I mean I was very happy to rely on Doctor BARTON's sort of knowledge and experience.

DC QUADE Yeah and you did did you?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 8 of 38

DC QUADE Yeah and did that reliance go on to the nursing staff as well, you trusted ...

REID Oh yes, definitely ...

DC QUADE ... what they were doing?

REID ... yeah.

DC QUADE Yeah.

REID Definitely.

DC QUADE So could this have then been a reason why Dr HAMBLIN took it upon herself to increase that dosage to, by half again even though you had already seen the patient shortly before and hadn't seen any need to increase the dosage, you were saying the patient was comfortable?

REID So are you saying that Sister, because I if you like, might've acknowledged that she and Doctor BARTON were more experienced at this than I was that this gave her sort of freedom to ...

DC QUADE Well she was comfortable within that probably ...

REID ... to do what she wanted.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 9 of 38

DC QUADE ... was she?

REID Was she, sorry was she comfortable ...

DC QUADE She, did she feel comfortable in her role in that case?

REID ... I think so yes, yeah as Ward Sister, yes I mean I think she was, I think she's a very caring Ward Sister and I think she enjoyed nursing patients with no pressure sores and you know patients who need a lot of nursing care.

DC QUADE But you are a doctor, yeah?

REID Mm, mm.

DC QUADE And you're a consultant, yeah?

REID Mm, mm.

DC QUADE You prescribe drugs and see over the administration of them, yeah and do you think that she felt she knew more about that drug and that patient than you did?

REID Oh I wouldn't like to say that.

DC QUADE But it's there in black and white isn't it that she actually ...

REID Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 10 of 38

DC QUADE ... increased the dosage after you'd ...

REID Yes.

DC QUADE ... seen the patient and felt no need to increase the dosage?

REID Yeah well I mean patients, I mean a patient's condition can change in the space of a few hours, so it's, I mean it's not out of the bands of possibility that the patient's condition changed and that you know did need more sort of Diamorphine and Midazolam and I just can't, I can't say.

DC QUADE No, no now I'm not saying that you haven't been honest with us because you have and you've been very helpful but tell the truth and is it the situation that Doctor BARTON and Dr HAMBLIN were actually running that ward and was it hard for you to break into that?

REID Um, ...

DC QUADE You described them once as formidable didn't you know what I mean you?

REID ... yes I'd certainly picked up the sort of vibes that, if you like, they knew what they were doing, this is how they managed patients on that ward and as I've said already I trusted both Doctor BARTON and Sister HAMBLIN and the nursing staff and I think there's no doubt that that sort

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 11 of 38

of influenced me that they'd been doing this for longer than I had been and it seemed to be established practice and yes that was the situation..

CHILDS

I suppose the question is taken one stage further, did you see any evidence that they were actually ignoring your clinical opinion?

REID

Well I can't ...

DC QUADE

Well I ...

CHILDS

I've stretched too far but I think that's what you're getting at really isn't it?

DC QUADE

... well you haven't stretched it too far but that is the question that we might ask of you then in this case, especially in this case.

REID

... yes.

DC QUADE

Do you think that was the situation in this case, in this particular (inaudible).

CHILDS

I suppose really ...

REID

(Inaudible).

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 12 of 38

CHILDS ... I'm saying did you have any evidence, I mean we can obviously sit and look at the notes all day and see what may have happened but I mean whilst you were there did you think to yourself they're ignoring my clinical opinion?

REID I can't say I thought that.

DC QUADE Well going on a similar line then, you've already spoken to DC YATES in the last interview, last tape I believe where you've agreed that that range of Diamorphine was too great wasn't it?

REID Well I questioned you know the variable dose prescription and Doctor BARTON's response and if I remember Sister HAMBLIN was there at ...

DC QUADE Was that in particular, in relation to this case?

REID ... I can't remember who it was in relation to.

DC QUADE Because if you remember we had this conversation in another interview.

REID Yeah.

DC QUADE Yes, so this is the second ...

REID I remember being in one conversation with Doctor BARTON about variable dose prescribing and I can't

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 13 of 38

remember who it was. I've honestly no idea which patient it was.

DC QUADE ... so you've had the conversation once but what I'm saying is if it's happened at least twice ...

REID Twice.

DC QUADE ... and we've shown you it twice, yes?

REID Yes.

DC QUADE You've only mentioned it once.

REID Yes.

DC QUADE So ...

REID But I don't know when that conversation took place.

DC QUADE ... but what I'm saying is if, if at the time on this patient ...

REID Mm, mm.

DC QUADE ... it would appear then at least on one of these patients you've not mentioned the 200 milligrams at all have you?

REID To Doctor BARTON?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 14 of 38

DC QUADE Yeah.

REID That's right, yes.

DC QUADE That is right isn't it?

REID Yes it is right.

DC QUADE So it's either this patient or the patient we dealt with last time, which was Enid SPURGIN who we mentioned earlier?

REID Yeah.

DC QUADE Yeah?

REID Mm, mm.

DC QUADE But in the case of Enid SPURGIN you did actually decrease the dose?

REID The dose, yes.

DC QUADE So is that one the likely one that you probably spoke to Doctor BARTON about?

REID I don't, I don't know, I just don't know. I can't recollect. I honestly can't.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 15 of 38

DC QUADE Okay. Okay.

DC YATES Administration of drugs, who administers the prescribed
drugs?

REID The nursing staff.

DC YATES And what training do the nurses have in the administration
of drugs?

REID I don't know but they get training.

DC YATES Can any level of nurse administer drugs?

REID Only registered nurses.

DC YATES Okay. There's a drug register on the wards is that right?

REID Yes.

DC YATES What is the purpose of that?

REID It's to, well it's to keep the records of the sort of stock and
issue of controlled drugs.

DC YATES Okay. Syringe drivers, right the use of syringe driver is
that normally dictated by a doctor?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 16 of 38

REID Well I mean I think it would normally be a sort of consensus decision but the nursing staff would, well it has to be written up by a doctor.

DC YATES Yes.

REID So, well that would probably be on the basis of the nursing staff saying, well Mrs so and so is finding the injection distressing or the patient's very drowsy to take oral medica..., that sort of conversation.

DC YATES Yeah cos there are different reasons aren't there for deploying a syringe driver like the one's who can't take an oral dose and ...

REID Yes, yeah.

DC YATES ... okay. What training had you had in the use and deployment of syringe drivers?

REID Well as, none.

DC YATES And did you ever set them up?

REID No.

DC YATES Okay. What is a syringe driver?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 17 of 38

REID It's a device which delivers a constant rate of drug to a patient either sort of under the skin or into a vein.

DC YATES So why, why are they used? What are the benefits of it?

REID Well patients who may not be able to take medication by mouth and if a patient symptoms have only been controlled by Diamorphine say such that it's making them drowsy and that does happen and maybe you know patient preference, they prefer this than having repeated injections or tablets and this also enables the blood levels of the drug to be kept sort of fairly constant so in comparison to taking it by mouth where you get, the level rises high and then drops down again and when it rises high that may make a patient drowsy or it may make them sick or whatever and by delivering it at a constant rate you may avoid these problems.

DC YATES Right, that's explained quite a few questions that one. Are there different types and styles of syringe driver?

REID Yeah there are two, well there were, to the best of my knowledge there were two types of syringe drivers which were deployed in Portsmouth Health Care Trust.

DC YATES What was the difference between them?

REID Well it was, one delivered in milligrams per minute and the other in mils per hour, which is just a recipe for ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 18 of 38

DC YATES

Oh right.

REID

... I don't know whether both types were available in Gosport, I couldn't say that but I know that as Medical Director across the Trust we'd had a problem with this so we standardised in one type.

DC YATES

Right. Who prepares the drugs for the administration of a syringe driver?

REID

The nursing staff.

DC YATES

It's down to the nursing staff again is it, right. So why in this case was Mr PACKMAN given drugs by way of a syringe driver?

REID

Presumably because, I mean presume because he was, he was drowsy and it had taken that sort of level of Diamorphine to control his symptoms.

DC YATES

So are you saying it's another way of ensuring a patient, if a patient is going to receive a, higher doses then a syringe driver is possibly the better way of ...

REID

Yes.

DC YATES

... of um, ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 19 of 38

REID If you need large doses then it's obvious repeated injections are painful.

DC YATES ... because, the thing is Geoffrey PACKMAN was still able to take oral medicine at the time wasn't he, he was given pills of Oramorph ...

REID Yeah.

DC YATES ... and, in fact why wasn't he given Oramorph continually or given Oramorph?

REID I mean I, I can't answer that, I mean it says that he slept for long periods of time on the 29th, condition remains sort of poor and syringe driver commenced. So it may have been because he was you know sort of intermittently ...

DC YATES Drowsy.

REID ... up and down.

DC YATES Why isn't there an entry on the medical records that a syringe driver was now deemed necessary?

REID Well I can't, I can't answer that.

DC YATES I mean is this a significant change in the patient's treatment and ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 20 of 38

REID Yes I, in general terms I think, in general terms it's a change in the patient's condition.

DC YATES ... so who has actually deemed a syringe driver necessary?

REID Well I think it would be I'd have thought a sort of combination of sort of decision between as I say the nursing staff who are looking after the patient and you know the doctor.

DC YATES Right again there's nothing recorded on the medical notes to say ...

REID No there isn't.

DC YATES ... did Sister HAMBLIN prescribe drugs?

REID Well she's, nurses aren't allowed to prescribe drugs.

DC YATES Right. Because a there is an entry in the nursing notes as we've seen that a syringe driver is being used.

REID Mm, mm.

DC YATES Mm, Geoff.

DC QUADE Yeah because, who actually prescribed the syringe driver in this case Dr REID?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 21 of 38

REID Well the prescriptions, Doctor BARTON prescribed the syringe driver.

DC QUADE And what was the date of it Doctor?

REID It was written on the 26th but as far as I can see it was, looks as if it was started on the 30th because of ...

DC QUADE So if you look at page 55 ...

REID ... mm, mm.

DC QUADE ... please.

REID Yes.

DC QUADE And can you read that entry from Doctor BARTON there on the 26th?

REID Yes. 'Called to see, pale, clammy, unwell, suggest query MI stat dose or Diamorph and Oramorph overnight. Alternative possibility GI bleed but no Haematemesis. Not well enough to transfer to QA. Keep comfortable. I am happy for nursing staff to confirm death'.

DC QUADE So there's no mention of the syringe driver there is there?

REID No there isn't.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 22 of 38

DC QUADE And her next entry is the 28th.

REID Yes.

DC QUADE And what does that say?

REID 'Remains poorly but comfortable, please continue opiates over weekend'.

DC QUADE Okay and if I ask you to turn to page 63 please, so there's no mention of a syringe driver there either is there?

REID No there isn't.

DC QUADE If you turn to page 63.

REID Yes.

DC QUADE And if I direct you to the 30th of the eighth ...

REID Yes.

DC QUADE ... which is about two thirds of the way down.

REID Yes.

DC QUADE Can you read that entry please?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 23 of 38

REID 'Condition remains poor, syringe driver commenced at 1445 with Diamorphine 40 milligrams, Midazolam 20 milligrams. No further complaints of abdominal pain. Very small amount of diet taken, mainly puddings. Re-catheterised this afternoon ...' ...

DC QUADE Draining is it?

DC YATES Draining?

REID ... I don't know what, yeah, draining the catheter, '... when possible encourage fluids. Dressings also renewed'.

DC QUADE And who do you think signed that one doctor?

REID That looks like Sister HAMBLIN's writing.

DC QUADE It does doesn't it?

REID Yes.

DC QUADE So shall we go through that entry a little bit here?

REID Okay.

DC QUADE Okay. Condition remains poor.

REID Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 24 of 38

DC QUADE Syringe driver commenced at 1445.

REID Yes.

DC QUADE At 40 milligrams. What was the prescription on?

REID 40 milligrams.

DC QUADE Yeah but what was the prescription written?

REID 40-200.

DC QUADE Was it 40?

DC YATES 40 – 200, yeah.

DC QUADE Yeah, okay. So she started at the lowest didn't she?

REID Started at the lowest dose, yeah.

DC QUADE But she doesn't seem to have discussed this with any doctors does she?

REID No. Well there's no record of that.

DC QUADE No and this was from a prescription that had been written up two days previous.

REID Four days previously.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 25 of 38

DC QUADE Four days previous, yes?

REID Yeah.

DC QUADE Yeah and 'No further complaints of abdominal pain'.

REID Yeah.

DC QUADE So the patient was obviously, before she gave him the syringe driver it appears that he may be complaining about abdominal pain.

REID Yes.

DC QUADE Yeah. 'Very small amount of diet taken'.

REID Yes.

DC QUADE So he's eating?

REID Yeah.

DC QUADE Yeah. Mainly puddings?

REID Mm, mm.

DC QUADE Yeah?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 26 of 38

REID Uh, huh, mm, mm.

DC QUADE So he's able to swallow then isn't he?

REID Yes.

DC QUADE 'When possible encourage fluids'.

REID Mm, mm.

DC QUADE So he's obviously drinking as well.

REID Yes.

DC QUADE Yeah and again this is Sister HAMBLIN again and she is the one who has made the decision to start a syringe driver isn't she?

REID Well ...

DC QUADE It's been prescribed ...

REID ... it's been ...

DC QUADE ... but she's the one who's made, it, from this it looks as if she's made the decision doesn't it?

REID ...yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 27 of 38

DC QUADE There's an absence in the records of any doctor's input there isn't there?

REID Yes there is.

DC QUADE Yeah. In fact I think on the same date it looks like she's written an entry in the, in the clinical notes, doesn't it?

REID Yeah '... re-catheterised, barred, pre-filled, size 14...', that's the size of the catheter, '... reference ...', something or other, '... lot ...' something or other.

DC QUADE Why would she have written that into the clinical notes?

REID I haven't the faintest idea.

DC QUADE Cos that page is for ...

REID Medical notes.

DC QUADE ... medical notes isn't it, it's not for nursing staff is it?

REID No, no.

DC QUADE It's not where she should be recording things is it?

REID No. No it's not, no.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 28 of 38

DC QUADE It's not, so here we have the sister who's making big decisions isn't she? It is a big decision isn't it?

REID To commence the syringe driver?

DC QUADE Syringe driver, yeah.

REID Mm, mm.

DC QUADE Yeah and for some reason she's actually writing in the clinical notes now as well.

REID Yes.

DC QUADE Why do you think that was then?

REID I haven't the faintest idea.

DC QUADE No.

REID It seems a very strange thing to do.

DC QUADE It does doesn't it. But she did rule the ward though didn't she?

REID Um, she was a strong personality.

DC QUADE And she spent more time on the ward than you did ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 29 of 38

REID Oh yes.

DC QUADE ... and she spent more time on the ward than Doctor
BARTON did?

REID Yes.

DC QUADE She was Ward Manager wasn't she?

REID Yes.

DC QUADE Strong personality. Okay Chris.

DC YATES How we doing for tape times?

DC QUADE Twenty three.

DC YATES Have you got anything more else to ask about that?

DC QUADE No.

DC YATES Oramorph then, why was Oramorph prescribed? Why
would it be prescribed?

REID For pain or distress.

DC YATES Okay now looking at the, the prescription sheets etc, why
and when was this drug administered?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 30 of 38

REID Why and when? Oramorph was, pardon me, prescribed on the 26th of August in two dose strengths of 10 milligrams and up to 20 milligrams four times daily and then 20 milligrams at night. That was first administered on the 26th, which was the day Doctor BARTON made a note to the effect that the patient was cold, he was pale, clammy, unwell etc, ? MI, Myocardial Infarction, heart attack and my presumption is that Doctor BARTON felt this patient was sufficiently distressed by having a possible heart attack that the administration of Oramorph was necessary.

DC YATES Right, but it's just, I think we'll always come back to ask these questions but why was no other form of pain killer prescribed as an alternative to Oramorph

REID Well you have to make a judgement at the time you see a patient about where to start and (inaudible).

DC YATES Right and you've just been referring to page 172 haven't you doctor?

REID Mm, mm.

DC YATES Why has a range of 10 milligrams to 20 milligrams been prescribed?

REID Um, ...

DC YATES Of Oramorph?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 31 of 38

REID ... well I'm only surmising but this was a very, he was a very big gentleman so Doctor BARTON may have felt concerned that 10 milligrams wouldn't be enough.

DC YATES Does that, does that go hand in hand then the the larger a person is the more, immune is the wrong word, but more resilience he'd have to a pain killer?

REID Well I mean I'm not an expert but I would say probably yes. You know a frail old lady, a little lady you'd certainly give less to than some others.

DC YATES Would anything else have a bearing on, you know resistance to something like Oramorph?

REID Well you know renal function etc, can have a bearing on it, kidney function.

DC YATES Yeah and opioid naive as well I suppose, not being used to it?

REID Yes, yes.

DC YATES One of the side effects of, oh no we'll go onto that later otherwise I'm just going to confuse it all by jumping on. So in a nutshell then you're saying that a decision has to be made by the doctor, a judgement so to speak, as to ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 34 of 38

DC YATES Okay. How would you determine how much Midazolam to prescribe?

REID I'd look at the BNF.

DC YATES Which we've covered before. Again there's the range of parameters for the administration of this drug, I think it's 20 to 80 in this case isn't it?

REID Yes.

DC YATES What is the purpose of that?

REID Well again it's to allow nursing staff discretion if patient's symptoms aren't relieved by the sort of, at the starting dose.

DC YATES But it always, each time we come onto this subject of this range, we almost always, well I will almost always say, how do the nurses know where to start giving this range?

REID Well as I've said before I would expect nursing staff to start ...

DC YATES Start at the bottom.

REID ... at the lowest.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 35 of 38

- DC YATES Well they don't always do that do they?
- REID Well they should do unless there's, you know documented reason why.
- DC YATES So where is it recorded in the medical notes, the prescribing instructions to the nurses saying, here's the range start at the bottom?
- REID There isn't I mean as I ...
- DC YATES Would you expect there to be?
- REID ... no I would expect nurses always to start with the smallest ...
- DC YATES Okay.
- REID ... dosage range and if they didn't administer that then to record why they'd done that as amendment.
- DC YATES So how, so on a range of drugs, the nurses start at the bottom and it's not working, so they decide to increase it, where's the guidance for them on how to increase it?
- REID There isn't.
- DC YATES So how are they expect to know? Would they refer to the BNF or ...

2004(1)

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Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 36 of 38

REID Well the BNF doesn't give much guidance so what one would be looking to nurses who are used to doing this, using their own experience.

DC YATES ... so, right. So they would follow the normal policy would they of, of increasing it by half ...

REID Well what had, ...

DC YATES ... or ...

REID ... been practised within the environment in which you were working.

DC YATES ... mm. Right are, were there any safeguards in place to ensure that Geoffrey PACKMAN didn't receive an excessive dose of Midazolam? Be it in any instructions or ...

REID Well there aren't any instructions in the notes.

DC YATES ... correct me if I'm wrong but I think the prescribing guidelines suggest a range starting at about 5 milligrams a day?

REID Of?

DC YATES Of Midazolam.

2004(1)

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Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 37 of 38

REID I thought it was, I thought it was 20 ...

DC YATES I might well be wrong.

REID ... and exceptionally in elderly people, 10 milligrams and I mean this is obviously, I mean I don't know what it said back in 1999.

DC YATES Yeah.

REID I think it's actually, it's, look it's not, I think that it's mentioned at the front of this under, under another section Midazolam is a sedative, an anti epileptic, dosage for a very restless patient, it is given in a subcutaneous infusion dose of 20-100 milligrams over 24 hours.

DC YATES Mm, mm. Thank you doctor, answers that doesn't it. Any questions you want to ask in relation ...

DC QUADE No I don't think so and it's 33 minutes, or 35 minutes Chris.

DC YATES Is it?

DC QUADE Yeah.

DC YATES I won't go onto the next then. What we'll do now then doctor is we'll take a break for ...

2004(1)

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Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 38 of 38

REID

Okay.

DC YATES

... half hour or so I think. Get a bite to eat, stretch your legs and then continue. The time by my watch is 1216 hours and I'm turning the recorder off.

2004(1)

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