

Form MG15(T)

RESTRICTED

Page 1 of 47

RECORD OF INTERVIEW

Enter type: FUL
 L TRANSCRIPT
 (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: 1307 Time concluded: 1349

Duration of interview: 42 MINUTES Tape reference nos.
 (→)

Interviewer(s): DC2479 Chris YATES / DC1162 QUADE

Other persons present: Mr CHILDS - Solicitor from Radcliffes,
 Le Brasseur in London

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking Text

DC YATES This interview is being tape recorded, I am Detective
 Constable 2479 Chris YATES from Hampshire Major
 Crime Department. My colleague is?

DC QUADE DC Geoff QUADE 1162.

DC YATES I am interviewing Doctor Richard Ian REID. Doctor could
 you please give your full name and your date of birth?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 2 of 47

REID Richard Ian REID, date of birth 12/5/1951.

DC YATES Thank you. Also present is Mr CHILDS who is Doctor REID's solicitor. Could you please introduce yourself?

CHARLES Oh yes Will CHILDS from Radcliffes, Le Brasseur in London.

DC YATES This interview is being conducted in an Interview Room at Fareham Police Station, Hampshire. The time is 1307 hours and the date is Tuesday the 8th of August 2006. At the conclusion of all the interviews I'll give you a notice explaining what will happen to the tapes as we've finished them all. Again I'll remind you doctor that you are still entitled to free legal advice, you have Mr CHILDS here with you. Have you had enough time to consult with him?

REID Yes thank you.

DC YATES If at any time you want to stop the interview to take advice just say so and we'll stop the interview in order for you can do this.

REID Thank you.

DC YATES Again I'll point out that you've attended voluntarily, you're not under arrest and so at any time you wish to leave you are free to do so. Again I'll caution you, you do not have to say anything, but it may harm your defence if you do not

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 3 of 47

mention, when questioned, something which you later rely on in court and anything you do say may be given in evidence. Do you understand that caution?

REID Yes.

DC YATES I broke it down earlier,...

REID Yes.

DC YATES ...but you're happy with it are you?

REID Yes I'm happy about it.

DC YATES Again the room can be monitored. If that red light's on it's being monitored, it should be Detective Inspector GROCOTT listening in. If we, we've taken a break for some lunch and to stretch our legs and everything. Can we just confirm that you haven't been asked any questions about this matter while the tapes have been off?

REID No.

DC YATES I think, unless you've got anything you want to ask Geoff, we'll pick up on a new topic, which is Diamorphine.

QUADE Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 4 of 47

DC YATES I want to ask you about the drug Diamorphine, okay, and the easiest way to start it is what is Diamorphine?

REID It's an analgesic. Um, it's a member of a group of drugs called Opiates, which are strong painkillers.

DC YATES Okay. What other kinds of analgesic can normally be used prior to taking Diamorphine?

REID Um well one can use, um, by referring to the Analgesic Ladder you'd be starting things like Paracetamol and then moving on to things like Codeine, or extra Codeine and Paracetamol, um, and then drugs which are sort of Opiate related like Tramadol, um, but most of these other groups of drugs are called non-steroidal anti-inflammatory agents and then finally there's the Opiates themselves, which are known as Morphine and Diamorphine etcetera.

DC YATES And where does Diamorphine fit within the Analgesic Ladder?

REID At Stage, at sort of Stage (3) if you like.

DC YATES At the top?

REID The stronger level, the strongest level of painkiller.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 5 of 47

DC YATES Okay. In the case of Mr PACKMAN then, what was the range that Diamorphine was written up to?

REID Diamorphine?

DC YATES Yeah.

REID It was 40 to 200.

DC YATES That's right. If you want to refer to it it's Page 171 doctor if you want to find it. And why was the Diamorphine range written up with such a gap between 40 and 200?

REID Well I think, as we've said before, it's to, um, allow nursing staff to use their discretion should the initial starting dose not control the patient's symptoms.

DC YATES I mean we've also spoken about Midazolam haven't we a little bit earlier on?

REID Yes.

DC YATES Is it right to say with things like Midazolam are quite often used in conjunction...

REID In conjunction with, in conjunction with Diamorphine yes...

DC YATES Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 6 of 47

REID ...in syringe drivers.

DC YATES Yeah. So the range being written up for one is quite obviously would be a range written for two. So the questions might seem a bit repetitive but we'll try and deal with Diamorphine. Again though would you, personally, have allowed a nurse to start at the higher range?

REID No.

DC YATES No. And your expectation is...

REID Absolutely.

DC YATES ...that they start at the lower range?

REID Absolutely.

DC YATES Right. Again, I asked this about Midazolam as well, how is it ensured that the patient was reviewed by the Clinical Assistant before Diamorphine was administered?

REID (Pause)

DC YATES So how can you ensure...

REID Did you say Midazolam or Diamorphine?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 7 of 47

DC YATES Of Diamorphine. How can you ensure that the patient's reviewed by, how did you ensure that the patient was reviewed by the clinical assistant before Diamorphine was administered?

REID (Pause) Well I would...

DC YATES Diamorphine was written up on the 26th wasn't wasn't it?

REID Yes it was.

DC YATES And on this occasion it looks like it was actually started on the 30th...

REID That's right.

DC YATES of August...

REID Yes.

DC YATES ...1999, so there's a gap of four days.

REID Yes.

DC YATES In the pro-act, is this a pro-active prescribing then, it was written up on the 26th?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 8 of 47

REID Um, yes I suppose it is. Um, well in a sense there would be a, but only in the sense that the continuation of (pause), the patient had been written up for Oramorph...

DC YATES That's right.

REID ...as a regular prescription and this would be sort of pro-active in the sense of the patient was no longer able to take medication...

DC YATES Orally.

REID ...orally, or the pain wasn't controlled, this would allow Diamorphine to be introduced.

DC YATES Okay. And in the case of this patient, which was it? The patient couldn't take the medication orally or what?

REID I can't, I can't say if it's just not practical.

DC YATES Well I think we know that he could, he could eat because he was eating.

REID They say he was able to take something in small quantities.

DC YATES Yeah. Then why is 'pro-active prescribing policy' then needed if a doctor is going to see the patient at least once a day, or be available to see the patient at least once a day.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 9 of 47

REID Well it isn't, it isn't.

DC YATES It's not required?

REID (Silent)

DC YATES And we've already covered the 'pro-active prescribing policy' and I showed you the document, which was drafted by you after this case was (inaudible).

REID Yes.

DC YATES Where could we find, or where would you find the instructions to nurses on how much they should increase a drug by? So in the case of a patient on 40 milligrams of Diamorphine shall we say, which isn't covering the pain, where is the guidance for nurses on how they should increase...

REID You mean in, in this case?

DC YATES In this case.

REID Well there isn't any.

DC YATES Was there any, was there any guidance at that time on that on how a nurse should increase...

REID I'm, I'm not aware of any written guidance.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 10 of 47

DC YATES Because it's all right now sort of like several years on, seven years on, we understand I think the (inaudible) is increase it by half isn't it?

REID About 50% again.

DC YATES So what checks then, or safe guards were put in place to prevent overdosing?

REID There was none.

DC YATES But again for Mr PACKMAN why was Diamorphine prescribed? Or are you just only in a position to assume?

REID I can only assume.

DC YATES From the records?

REID Yeah.

DC YATES Because it's not recorded anywhere is it?

REID No.

DC YATES (Pause)

REID I mean just,...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 11 of 47

DC YATES Yeah.

REID ...just sort of very briefly on the sort of, um, the safe guards, um, and I think I've said before that, um, when nurses administer, um, Diamorphine, two nurses have to go to the controlled drug cupboard so in a sense there is, it will take two nurses to make an...

DC YATES An error.

REID Yeah an error, or a rash decision.

DC YATES Yeah. (Pause) By the time that Mr PACKMAN was receiving Diamorphine was he in a terminal phase of his life in your view?

REID I, can I just look at my (inaudible)? (Pause) It's, it's difficult to say because of, uh, by not keeping, um. What Doctor BARTON has written on the 28th is: 'Remains poorly but comfortable. Please continue Opiates over the weekend,' which would, to me, imply that this man is seriously ill.

DC QUADE Right. But there is a difference between being seriously ill and terminally ill isn't there?

REID Well it's a sort of correlation and, um, that was written on the 28th and the Diamorphine, the Diamorphine was started on the 30th, a couple of days later,...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 12 of 47

DC QUADE

Yeah.

REID

...so it's possible his condition could have deteriorated and,
um,...

DC QUADE

Sorry but I was just making a point that if, if anything, if
you end up having to go to court over this,...

REID

Yes.

DC QUADE

...these interviews could be played in front of a jury,...

REID

Yes.

DC QUADE

...yeah, or the transcripts could be shown...

REID

Yes.

DC QUADE

...to the jury,...

REID

Yes.

DC QUADE

...or extracts from them and I just want to make it clear
that 'seriously ill and terminally' ill are different aren't
they? I mean a person can be seriously ill, but be treatable?

REID

Yee...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 13 of 47

DC QUADE Or am I...

REID Oh yes, yes, yes, your right yes.

DC QUADE Yeah.

REID I'm sorry I'm just,...

DC QUADE Yeah.

REID ...I was just really trying to look back through the 'nursing record' to see if there's any, anything within that which would, um, make me believe that he was terminally ill.

DC QUADE Terminally ill. I'm not trying to trip you up,...

REID No, no, no I appreciate that.

DC YATES ...I'm trying to be fair to you because I don't want you to, if you do come in front of a jury, I don't want you to say something now which is not what you intended to say you know.

REID Yeah.

CHILDS Or not what he meant?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 14 of 47

DC QUADE Yeah.

REID Yeah.

DC QUADE Carry on

REID No. I think it's difficult to say from the notes that he was terminally ill at that stage.

DC QUADE Okay. But would you expect normally to see an entry in the notes as to justification for the drug being used?

REID Yes. Because there is a switch from oral medication...

DC YATES Yeah.

REID ...to Diamorphine.

DC YATES Yeah. Now I know it can vary from patient to patient, but what would you consider to be an excessive dose of Diamorphine?

REID Well it would depend, it would depend on the patient whether they're Opiate-naïve etcetera.

DC YATES Yeah. And, as we've mentioned before, size may or may not come into it?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 15 of 47

REID Uh-huh.

DC YATES Hydration?

REID Yes.

DC YATES And renal problems...

REID Yes.

DC YATES ...and all sorts of factors can come into it.

REID Yeah.

DC QUADE Can we just talk about Opiate-naïve doctor and again this is, we need people who don't know anything about drugs to be able to understand that and Opiate-naïve is for people who have...

REID Never.

DC QUADE ...never had...

REID Yes never had a...

DC QUADE ...any Opiates such as Morphines and Oramorphs...

REID Yeah.

DC QUADE ...and Diamorphines. And at what stage would they cease to be Opiate-naïve, as soon as you give them...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 16 of 47

REID Oh I, I honestly,...

DC QUADE ...a Morphine or is it over a period of time?

REID I honestly have no idea, you'd have to ask, you know, an expert on this, it's what they Pharmacology. I suspect it would vary from patient to patient,...

DC QUADE Yeah.

REID ...but I have no idea.

DC QUADE Do you see the point I'm making, if say for argument sake Mr PACKMAN had been on...

REID For a few months or something like that?

DC QUADE Yeah. Or for three or four days and then he had gone onto Diamorphine,...

REID Yeah.

DC QUADE ...would it have been different if he had been on Oramorph for three or four months and then gone on to Diamorphine?

REID (Inaudible – mumbles)

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 17 of 47

DC QUADE Is there a time scale involved in what I'm saying as well as the absence of the drug?

REID I just don't know. I mean what I, what I would say is that, um, he was receiving 60 milligrams of Oramorph a day, um, if we use the sort of half, maybe we should use the half of the third conversion factor then you're talking about sort of 20 to 30 milligrams,...

DC QUADE Uh-huh.

REID ...but if his symptoms weren't controlled on that then 40 milligrams would seem to me to be a reasonable starting dose.

DC YATES And there is a chart in the BNF isn't there doctor that assists for the transcribing of drugs?

REID Yeah. Whether that was there in 1999 I don't know.

DC YATES Well I believe it was,...

REID Okay.

DC YATES ...but there is now anyway, so. We mentioned the Wessex Protocols before and you've made it quite clear that 'you weren't aware of them then' is that right?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 18 of 47

REID Uh-huh.

DC YATES So what were the guidelines, what are the guidelines for the prescription of Diamorphine for a man, for somebody like Mr PACKMAN and Mr PACKMAN's condition?

REID Well it's a combination of judgement as to whether they need Diamorphine and then it might be in the BNF to guide you, (hiccups) pardon, guide you on what dose you use.

DC YATES He was on Oramorph, 60 milligrams a day I think it was was it?

REID Yes it was, yeah.

DC YATES I think it's the first half-a-dozen pages of the BNF is that chart. What would that say he should have?

REID Well I think it would be 20 wouldn't it?

DC YATES I think so but.

REID (Pause) Uh, um, (pause) I think it's 60 milligram that's 30 milligrams twice a day, they say 20 milligrams over 24 hours.

DC YATES So the dose is doubled?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 19 of 47

REID Yes. What I mean I think I remember back from that time there was: 'Is the conversion factor a half or is it a third?' If the conversion factor is a half then one's talking about may go to 30 milligrams of Diamorphine,...

DC YATES Uh-huh.

REID ...and if the pain wasn't controlled then that's just a third step up, so I don't think it was as clear as that back in 1999.

DC YATES Okay. Did you ever advise Doctor BARTON regarding the prescribing regime in respect of Mr PACKMAN?

REID No.

DC YATES Okay. Why not?

REID Because I wasn't asked to.

DC YATES All right. So is it something that you hadn't noticed on this occasion that the variance, you know variable doses and the...

REID Well I, I can't recollect whether I noticed or not.

DC YATES Well do you think had you noticed them you may have said something?

REID No well I should have done.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 20 of 47

DC YATES (Pause) How do you know that this prescribing regime didn't lead to a worsening of Mr PACKMAN's condition?

REID (Pause) Um there was documentation in the nursing notes,...

DC YATES Yeah.

REID ...they just seemed to be requiring increasing doses to keep his pain under control, um, and when I saw him on the 1st, um, he seemed to me to be comfortable and I think I said 'he was drowsy', that means sometimes, you know, to get people's pain under control they will be drowsy, so I certainly didn't feel that he had been, well my, my interpretation, of my notes at that stage, was I didn't feel he had been overdosed with Diamorphine.

DC YATES Okay. (Pause) Now we've mentioned with the Midazolam before, and obviously it does apply to Diamorphine, there was no justification documented in the medical notes is there?

REID No.

DC YATES I'm going to say why is this, or should there have been?

REID Well, um, there should have been a note to the effect that Mr PACKMAN was in pain and distressed, um, and that

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 21 of 47

would, you know, we could quickly have justified the use of a combination of Diamorphine and Midazolom.

DC YATES Okay. I understand that you're doing this not from memory but from the notes.

REID Yes.

DC YATES But from the notes when would you consider that Mr PACKMAN actually entered the terminal phase of his life?

REID I mean I would say he was terminal when I saw him on the 1st of the ninth.

DC YATES The 1st of the ninth.

REID Yeah definitely.

DC YATES And why did you consider that?

REID Um I think, um, (pause) oh for a number of reasons, the fact that, um, he did seem to be in pain that was taking, you know, um, a fair dose of Opiates to bring his sort of pain and distress under control. The fact that, um, he was passing sort of, what we call 'melina stools' and he was haemorrhaging from his gut, um, and overall the whole picture just seemed to me as someone who was terminal, terminally ill.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 22 of 47

DC YATES So from what you just said what did you suspect was wrong with him for that time then?

REID Not, Not.....

DC YATES I know he's obese, I know he's obese.

REID Well multiple things

DC YATES You've mentioned bleeding stools and...

REID Yeah he's got, he's got huge pressure sores on this buttocks, these would all at least be superficially, um, infected. We know that, um, people who are ill, um, let's say in ITU or people like him who have got extensive pressure sores, um, are at risk of getting ulcers, um, in the stomach from the stress of the illness and being unwell, um, it's very difficult to treat bleeding ulcers particularly if you're as large as, uh, Mr PACKMAN was, would you actually get him onto an operating table for example, um, so I just felt the picture was, I think I, I know the picture was pretty hopeless at that stage.

DC YATES As you mentioned the stools etcetera, just from looking at the stools could that give you an idea from whereabouts he's bleeding?

REID Well, well yes it can. I mean if it's melina stools it's usually the upper part of the bowel you're bleeding from.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 23 of 47

DC YATES And is that more difficult for, on what to treat or?

REID Um both of them,...

DC YATES They both are.

REID ...they're difficult to treat I'm not an exp, but I'm not an expert in that.

DC YATES (Pause) So yes on the 1st of September you put: 'Rather drowsy but comfortable, passing melina stools, abdominal huge but quite soft, pressure sores over the buttocks etcetera, remains confused with TLC,' and then you stopped the Frusemide and got Doxazosin ?

REID Yeah.

DC YATES Why was that?

REID Well stopping the Frusemide because his oral intake was very poor so he just might be dehydrated which can add to his distress. The Doxazosin I mean I can't, can't be sure, um, but I mean I would, it may just have been because he was sort of drowsy and not taking much by mouth, but I felt that his prescription was sort of almost irrelevant...

DC YATES Uh-huh.

REID ...given, given his poor state.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 24 of 47

DC YATES Okay. So you actually sort of met him, what change had taken place in the patient to reach this conclusion? And you've made a note on the 1st of September about what you've seen. Have you made a diagnosis as such? Have you actually, if you have where of what is wrong with this man?

REID Well the fact he's passing bleeding stools means that he's almost certainly bleeding from an ulcer, um, in his stomach or duodenum and problem related stress from being, you know,...

DC YATES And were you qualified to diagnose this?

REID Well I mean the only way of definitively diagnosing the leaking ulcer is to take a look down inside and see, so it was a sort of presumptive diagnosis based on the evidence you're faced with.

DC YATES Entirely, yeah.

REID Faced with.

DC YATES And was this your responsibility to make these diagnosis, diagnose?

REID Oh yes

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 25 of 47

DC YATES Did you refer the patient to any other consultant?

REID No. I mean at that stage I felt he was beyond (pause) recovery.

DC YATES Geoff?

DC QUADE What you're saying is he wasn't...

REID I thought he was terminally ill.

DC QUADE Yeah. There was no treatment available with a cure?

REID Yes.

DC QUADE And on the 1st of the 9th in the absence of anything else written there you were confident that everything that was prescribed to him, all the care that was being taken of him, the medical plan in place such as it was, you were happy with that, all that?

REID Yes. I mean I think, um, I mean I don't know what I thought at that time because, um, based on the notes, um, but recognising that one has about ten minutes per patient. What you have to do is if you like: 'What's, what's the, what's the pressing problem or issue?' And it seemed to me that this man was dying and should be made, and should be made comfortable. What I can't say is whether, you know, we looked at what had gone on say in the sort of

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 26 of 47

ten days before ,but all this time I've heard from the nursing staff and Doctor BARTON was present what had actually been happening and I'm taking that that into consideration. I mean and also there's a thing in the nursing records that poor diagnosis had been explained to his wife...

DC QUADE

Wife.

REID

...etcetera and, you know, that would have been relayed to me and, you know, that would of again would of sort of informed so.

DC QUADE

If I take you back to the entry on the, it's on Page 54 or 55 sorry, 55b, the 26th of August by Doctor BARTON: 'Couldn't see, pale, clammy, unwell suggest query myocardial infarction,...

REID

MI, yeah.

DC YATES

...treat stat Diamorph. Alternative possibly GI bleed,...

REID

Yes.

DC QUADE

...but no...

REID

Haematemesis.

DC QUADE

...Haematemesis

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 27 of 47

REID That means vomiting up blood.

DC QUADE Yeah. So she's considered two possibilities...

REID Yes.

DC QUADE ...of what's ailing him. You make no mention of MI.

REID Yeah.

DC QUADE Well myocardial infarction is heart attack isn't it?

REID Yes it is, yeah.

DC QUADE Was that not a consideration, were you happy that this extra thing was going to be a GI bleed?

REID Um I mean he could have had a myocardial infarction at the time Doctor BARTON saw him,...

DC QUADE Yeah.

REID ...because we know of, I mean he could have, he could have had both and we know certainly if you're losing blood and becoming anemic then that puts an extra strain on the heart so he could have had a heart attack as well, but it seemed to me that the issue which was causing this man to

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 28 of 47

deteriorate was the fact that he was bleeding and not, not his heart.

DC YATES (Pause) Geoff anything else?

DC QUADE Only one thing doctor...

REID Yeah.

DC QUADE ...and that was that at the start of this tape, towards the start of this tape DC YATES asked you a question and you replied, I think your reply was: 'Can't say,' all right and he was asking something about why something was prescribed or, and I think you said: 'Can't say.'

REID Oh was it about the Doxazosin was it?

DC QUADE It might have been yeah, and why can't you say?

REID (Silent)

DC QUADE Is it because...

REID Because I haven't written, because I haven't written down the reason why.

DC QUADE Yeah, yeah. It's okay that's just a simple thing to clear that up yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 29 of 47

DC YATES Well while we're actually on the entry on Page 55, the 26th of August of Doctor BARTON's, last line is: 'I am happy for nursing staff to confirm death'. What does this mean?

REID Um it would imply to me that Doctor BARTON felt, I could imply that Doctor BARTON felt that at that stage the patient was terminally, um, terminally ill,...

DC YATES Uh-huh.

REID ...um, (pause) that's what it could imply.

DC YATES And why is there a need to record that in that way?

REID Um well usually, um, in the case of an expected death the nursing staff will confirm death and then let the doctor know in the morning that death has occurred, whereas if it's an unexpected death the doctor would be called out during the night.

DC YATES I mean is there a difference then between confirming and verifying or certifying death?

REID Um well certifying death, um, to me verifying and confirming are the same sort of thing it's a sort of, the nurse is actually saying: 'This patient has died.' Certification is a doctor filling out your death certificate saying the patient has died and giving the reasons why.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 30 of 47

DC YATES Okay.

DC QUADE Can we expand on that Chris?

DC YATES Go on.

DC QUADE Your entry on the 1st of the 9th says: 'For TLC'.

REID Yes, uh-huh.

DC QUADE You're saying that: 'I'm happy for nursing staff to confirm death,' was an indication that Doctor BARTON was expecting death.

REID I would, well...

DC QUADE That's the interpretation I get.

REID That's the interpretation I would put on it.

DC QUADE Yes so on the 26th Doctor BARTON is expecting Mr PACKMAN to die and that gives the nurse the authority to confirm the death?

REID Yes.

DC QUADE Yes?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 31 of 47

DC QUADE If Doctor BARTON wasn't expecting the death,...

REID Yes.

DC QUADE ...then the nurse had a duty to call a doctor in?

REID That's my understanding.

DC QUADE Yes that's how I understand it as well, and that's my understanding of your explanation of it.

REID Yes.

DC QUADE Okay. So your entry on the 1st of the 9th says: 'For TLC' doesn't it?

REID Yes.

DC QUADE What does that mean?

REID Tender, Tender loving care. In other words it's for, it's an indication you want someone to palliative care.

DC YATES Yes. And in a layman's term, when a nurse reads 'TLC' she knows that a doctor is saying: 'This patient is dying,'...

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 32 of 47

DC QUADE ...more or less isn't it?

REID Yes, yes.

DC QUADE Okay. When Mr PACKMAN came into QA on the, what was it the 6th of August...

REID It was the 6th or something like that.

DC QUADE Wasn't it yeah. He was written up as 555 wasn't he?

REID I remember seeing: 'Not for 555.'

DC QUADE Sorry that's what I mean 'not for 555'.

REID Yes.

DC QUADE So it's the 13th of August wasn't it...

REID Yes.

DC QUADE It was the 6th of August when he came in right.

REID All right, okay.

DC QUADE And if you were to go back to those records, Page 47 I think is the 6th of August and consistently during his stay at Queen Alexandra Hospital he's written up 'not for 555'...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 33 of 47

REID Yes.

DC QUADE ...several times hasn't he?

REID Yes.

DC QUADE Certainly on the 6th, I think on the 7th,...

REID Yes.

DC QUADE ...on the 13th,...

REID Yes.

DC QUADE ...and I believe on the 20th as well, that's Page 53 by the way.

REID Yeah.

DC QUADE And another entry says 'not suitable for CPR'.

REID Yes.

DC QUADE Yeah?

REID Yeah.

DC QUADE And that's the same thing isn't it?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 34 of 47

REID Yes it is.

DC QUADE Can you explain what that means?

REID What 'not for 555'?

DC QUADE Yeah 'not for 555' and 'not suitable'.

REID It means someone's not, not to be resuscitated in the event of their heart or breathing stopping.

DC QUADE Yeah. Now I've had this explained to me by a doctor previously who says that with all clinical decisions you have to balance things out don't you, there is a cost implication, a time implication. Why would the decision have been made for Mr PACKMAN to be 'not for 555'?

REID Well I'm, I'm only surmising.

DC QUADE Yeah going on your notes, yeah.

REID I think for, um, because I'm going to guess that the person thought the chances of sort of CPR being successful were low,...

DC QUADE Uh-huh.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 35 of 47

REID ...that would have been presumably because of his gross obesity it would be difficult to undertake it not, not really likely to be effective, um, and I think probably also by the fact that, I think as I said before, the gentleman whose been struggling to keep mobile at home is finally no longer mobile was developing pressure sores resulting from gross arthritis of his knees, highly likely that this man's going to get out of hospital and, you know, would it be appropriate to attempt CPR, um, in that situation.

DC QUADE Now how does that affect his care and treatment while he's with QA then, he's been written up as 'not for 555'?

REID Well it, that, that order applies only to the events of your heart or breathing stopping, it doesn't apply to any other treatment, which could be offered.

DC QUADE Yeah. So it doesn't stop, it doesn't stop the doctors...

REID Treating, treating other things.

DC QUADE ...investigating the patient...

REID No.

DC QUADE ...trying to find out what's wrong with them and trying to treat and cure whatever is wrong with them?

REID Yes that's right.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 36 of 47

DC QUADE Yeah?

REID Yeah.

DC QUADE And as we go through the pages starting from Page 46, 47, 48, 49, 50, 51, 52, 53 up until the day he was admitted into Gosport on the 23rd, there are various entries by doctors aren't there...

REID Yeah.

DC QUADE ...talking about the treatment he's been getting...

REID Uh-huh.

DC QUADE ...and tests on him for various things, yeah, and so they're being active in his treatment aren't they?

REID Yes.

DC QUADE Ant the 'not for 555' has no effect on those doctors looking at what was wrong with Mr PACKMAN,...

REID No that's right.

DC QUADE ...including yourself at that stage because you looked at one stage didn't you?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 37 of 47

REID Uh-huh.

DC QUADE Right. And when you saw him you actually, were suggesting Daedalus, Gosport...

REID Dryad.

DC QUADE Dryad straight away weren't you?

REID Uh-huh.

DC QUADE When he comes to Gosport on the 23rd does it mention 'not for 555' there at all?

REID No it doesn't.

DC QUADE Not on the 23rd sorry...

REID No.

DC QUADE ...the 26th it doesn't mention it there?

REID No it doesn't.

DC QUADE Sorry it was the 23rd it's when Doctor RAVI yeah, it doesn't does it?

REID No.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 38 of 47

DC QUADE Doctor RAVI doesn't put it in his does he?

REID No.

DC QUADE And Doctor BARTON doesn't put it in hers does she?

REID No.

DC QUADE No. But she puts on the 26th 'I am happy for nursing staff to confirm death'.

REID I mean it would have been normal practice unless circumstances have changed to continue with a previously made decision like that,...

DC QUADE Yeah.

REID ...so for example Doctor RAVI yes and it should, it would have been him, you know, we should put it down but the way we would operate is if it's been said 'not for 555' at Queen Alexandra...

DC QUADE Yeah.

REID ...then the patient would not be for 555 at Gosport unless there had been some sort of medical transformation...

DC QUADE Because that statement is reviewable isn't it?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 39 of 47

REID Oh absolutely yes.

DC QUADE And could change if the patient...

REID It could change if the patient's condition improved.

DC QUADE Can I ask you to look at Page 62. And if I ask you to look at an entry dated the 26th of the 8th, what is Page 62 it's another nursing summary page isn't it?

REID Yes, uh-huh.

DC QUADE Yeah. Can you read that through for me, I'll tell you when to stop, you'll know when to stop of course.

REID A fairly good morning, no further vomiting, Doctor RAVI contacted re Clexane, advised to discontinue and repeat haemoglobin today and tomorrow, not for resuscitation.

DC QUADE Now who has written that entry doctor?

REID Um it's Sister HAMBLIN.

DC QUADE So Sister HAMBLIN has put on there 'not for resuscitation' hasn't she?

REID Yes.

DC QUADE Now where has she got that from then?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 40 of 47

- REID Well she may have got it from Doctor, um, RAVI.
- DC QUADE But Doctor RAVI doesn't put that anywhere does he?
- REID Um, well it says 'Doctor RAVI contacted', which was three...
- DC QUADE Do you know why Doctor RAVI would have been contacted for the Clexane when Doctor BARTON around and about because she had seen him the same day hadn't she?
- REID I, I, I, no I don't know. (Pause) Right. Only it says the previous day 'passing fresh blood' on that same page, 'query Clexane' because Clexane can, can cause that to happen. Um a verbal message from Doctor BEASLEY to withhold and review with Doctor BARTON in the morning now. Well I don't know whether that happened or, or not, I mean maybe it didn't happen and Doctor BARTON wasn't available Sister HAMBLIN chose to contact Doctor RAVI.
- DC QUADE Okay. We'll go down, change the course slightly again. You mentioned that when they put down, when a doctor puts down 'not for 555' and that it doesn't stop a doctor investigating...
- REID That's right.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 41 of 47

DC QUADE ...the cause of this person's discomfort...

REID Yes.

DC QUADE ...once brought into hospital etcetera, etcetera, when a doctor writes: 'I am happy for nursing staff to confirm death',...

REID Yes.

DC YATES ...and when a sister writes: 'Not for resuscitation'...

REID Yes.

DC QUADE ...does that affect the way that patient is then cared for?

REID No.

DC QUADE Does that not have an implication on the way the patient is cared for?

REID Well it shouldn't, it shouldn't have.

DC QUADE Because what we're saying there is at that stage on the 26th Doctor BARTON is assuming that the patient is close to death.

REID Going to die. Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 42 of 47

DC QUADE Yeah. And that's backed up by the nurse, the sister by writing: 'Not for resuscitation'. Yes?

REID Yeah. Well what it would do is it would make you, um, circumspect about how far we'd investigate or treat it's got to influence that decision if you felt that someone was terminally ill.

DC QUADE Because from the 26th onwards was there any investigation into that patient's illness?

REID No there wasn't.

DC QUADE Okay. Chris.

DC YATES But bearing in mind as well that, I think it's on the 26th when Doctor BARTON wrote that note 'query MI, also other possibility GI bleed'. Well we were speaking about it. What investigations have been done for either?

REID Well he had, he had a full blood count...

DC YATES He had a full blood count yeah. Anything after the MI?

REID No.

DC YATES ECG?

REID No.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 43 of 47

DC YATES

What would the reason be for not doing that?

REID

The reason might be that it's unlikely to influence the patient's management, in other words you do an ECG it confirms that someone's had a heart attack, it's not going to, it's unlikely that you're going to initiate or stop any treatment just on the basis of the ECG,...

DC YATES

Uh-huh.

REID

...say for example with a heart attack some people may get what we call heart furring and become very short of breath and what you do is listen to someone's heart and chest and if you hear some fluid give them Frusemide, which this chap was on. An ECG itself I think is unlikely to have changed the management of Mr PACKMAN. The only thing I can think of which, um, sometimes you can get abnormal rhythms of the heart developing if you've had a heart attack, um, you can sometimes pick it up just by feeling someone's pulse, um, ECG's a much better way. Um some of these abnormal rhythms could be treated, um, in Gosport but a significant number couldn't be because you need sort of continuous monitoring and given drugs which have to be very closely supervised etcetera, so I don't think an ECG on it's own would necessarily have a big impact on Mr PACKMAN's management.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 44 of 47

DC YATES Okay. Well I think we will be coming back to that a little bit later anyway.

QUADE One other thing 'not for 555' has TLC and, happy for nursing staff to confirm death, are they similar statements?

REID Um not for 555, it simple means not for resuscitation,...

DC YATES Not for resuscitation.

REID ...but any other treatment could be given as it's thought appropriate,...

DC YATES Right.

REID ...but TLC to my mind would mean 'not for 555' and 'not for the, um, and for treatment of symptoms only'.

DC YATES So it just repeats the circle I expect.

REID Yeah.

DC YATES 'Not for 555'?

REID It doesn't, it's strictly in, not for (inaudible) ...

DC YATES Yeah, yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 45 of 47

REID ...doing heart massage in the event of chest,...

DC YATES Yeah that's 'not for 555'.

REID ...it could be the heart or breathing is stopping.

DC QUADE But 'TLC' would mean?

REID Well 'TLC' would mean, by implication to me would mean definitely not for 555...

DC YATES Yeah.

REID ...and not for active treatment other than symptom control, in other words palliative care.

DC QUADE Yeah, yeah. So if someone is marked up 'not for 555' and doesn't have heart problems there is a chance that they're going to make a recovery from whatever it is as long as you find it and treat it?

REID Well you would certainly 'not for 555' means you're just not going to resuscitate, but if they've got a urine infection, or chest infection,...

DC QUADE Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 46 of 47

REID ...a heart attack even, you know you would, you would treat that, um, but you wouldn't attempt to re-start the heart if it stopped.

DC QUADE But 'TLC' means just?

REID Symptom control.

DC YATES Symptom control.

REID Palliative care.

DC YATES The person is dying?

REID Yes.

DC YATES Make them comfortable, and happy for staff to confirm death for that?

REID That would imply to me,(TAPE MACHINE BUZZES)
That would imply to me that someone is close to the end of their life.

DC YATES Right.

DC YATES We'll change the tapes over, so the time is 1359 hours and we'll turn the tapes over.

REID 1349 (laughs).

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 47 of 47

DC YATES 1349 yeah.

INTERVIEW CONCLUDED – TAPES CAME TO
SUDDEN END

2004(1)

RESTRICTED