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RECORD OF INTERVIEW

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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: 1357 Time concluded: 1440

Duration of interview: 43 MINUTES Tape reference nos.
(→)

Interviewer(s): DC1162 QUADE / DC2479 YATES

Other persons present: MR CHILDS, SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking Text

DC YATES This is a continuation of the interview with Dr REID. The time is 1357, everyone's checking now. Dr can you just confirm that it's the same people are present?

REID Yes.

DC YATES And can you confirm whether you've been asked questions or not about this matter while the tapes have been off?

REID No.

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DC YATES Thank you very much. The tape ended and everyone's stretched their legs and had a quick comfort break but we were talking about the, well the different terms of 555, TLC and 'Happy for nursing staff to confirm death'. On the 'Happy for nursing staff to confirm death', what would be the normal practice that would be followed by nurses upon the death of a patient if they were going to ...

REID Certify.

DC YATES ... verify death.

REID Sorry to verify it rather?

DC YATES Yeah.

REID As I understand it is what they would normally do is record it in the nursing notes that you know, something like the time, patient not breathing, no pulse felt, no heart sounds, heard, died, 0350am or whatever it was.

DC YATES Right, okay. Right and we had covered actually why in that statement, 'Happy for nursing staff to confirm death', was written a number of days prior to ...

REID Yeah.

DC YATES ... the patient's death.

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REID Yeah.

DC YATES But during, in that entry by Doctor BARTON on the 26th of August she made, or suggests two possible things that have happened to ...

REID Mr PACKMAN.

DC YATES ... Mr PACKMAN which is the MI ...

REID Yes.

DC YATES ... and the GI bleed.

REID Yes.

DC YATES So if we then move onto the death certificate, we've got a copy of the death certificate which Geoff will find in a sec but death certificates anyway, they're a formal legal requirement aren't they?

REID Yes.

DC YATES Okay and they can only be undertaken and written out by a medical practitioner?

REID Yes.

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DC YATES Okay and are there specific guidelines that should be followed?

REID I remember you showing me something ...

DC YATES As to when death should be referred to the coroner and ...

REID Yes, yes there are yes, yeah.

DC YATES ... those sort of things. Okay so we can actually seek an explanation or try and find out your understanding of this process. We have the death certificate of Mr PACKMAN it's been given a reference of CSY/HF/22. Take it out the folder cos, it might, the exhibit label might be obstructing some of it. Who completed that death certificate?

REID Doctor BARTON.

DC YATES Okay and what procedure would be followed when certifying and recording the death of a patient by a doctor?

REID Well completion of this certificate and giving this, not necessarily the doctor doing this but the certificate being handed to relatives and told to register with the registrar and if it was one of the indications referring it to the coroner with it being within a year of operation etc.

DC YATES Yeah, okay. Who informs the registrar or the coroner?

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REID Coroner, usually what happens is the doctor phones up the coroner's office.

DC YATES Yeah.

REID And he usually speaks to the coroner's officer and then decides what needs to happen and in the case of the registrar it means the relatives have to take the notice of death to the registrar.

DC YATES Right so in the case of Mr PACKMAN then is it the doctor that completes the form that decides on the cause of death?

REID Well yes if you, if you, I mean the requirement is that if you know the cause of the death then you complete the certificate. If you don't know the cause of death then you refer it to the coroner.

DC YATES Yeah well the cause of death is given on that as ...

REID Myocardial infarction.

DC YATES ... right. There are two possibilities of what Mr PACKMAN was suffering with. One was a GI bleed one was MI.

REID Mm, mm or both.

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DC YATES Or both, right. Nothing seems to have been investigated on either because, certainly in your opinion he was at a terminal phase of his life, although ...

REID Certainly when I saw him he was.

DC YATES ... yeah and that was on the 1st of September and he died on the 3rd of September didn't he?

REID Yes.

DC YATES Well the 1st of September you've seen him and would I be right in assuming from your notes that you're actually thinking actually he's bleeding?

REID Yes, yeah.

DC YATES And there's no, certainly no reference in your notes about a heart problem.

REID No.

DC YATES I'm just wondering then why and what evidence there is to suggest that he should be certified as dying of ...

REID Myocardial Infarction.

DC YATES ... yeah.

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REID There is, well there's not a lot of evidence, we know that they've collapsed as described by Doctor BARTON in a note, could be due to myocardial infarction. There's also reference in the nursing notes to Mr PACKMAN having some pain in his throat.

DC YATES Mm, mm.

REID Now, although typically heart attacks are pain in the chest ...

DC YATES In the chest.

REID ... you can experience pain in the throat from a heart attack. So there's a possibility that Mr PACKMAN could've had a heart attack.

DC YATES Right could you also get a thing of the throat from a GI bleed?

REID I think that's unlikely, more likely to be abdominal pain.

DC YATES No indigestion type, no indigestion type feelings or ...

REID Well yeah indigestion can be either, can be either GI bleeding or it could be a heart attack.

DC YATES ... okay, right.

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REID Pain in the throat not a bleed.

DC YATES Okay. Do we have MCCD?

DC QUADE Sorry Chris what one?

DC YATES Is that it?

DC QUADE No I can't, remember which...

DC YATES MCCD. Now on this medical certificate, the cause of death, which I think is abbreviated sometimes as an MCCD, there's a box on the right, for approximate interval between onset and death.

REID Yeah.

DC YATES And that's, they're talking about whatever killed him, five days. He died on the 3rd of September, we're saying it's the 28th of August.

REID Yeah.

DC YATES If, if these forms have been completed correctly and Doctor BARTON truly suspected that ...

REID Myocardial ...

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DC YATES ... Mr PACKMAN was suffering with myocardial infarction ...

REID ... yeah there'd have been seven days.

DC YATES ... it should have been seven days. On the 28th, all that's been written is 'Remains poorly but comfortable'.

REID Mm.

DC YATES How much credence is put into filling in these forms? I mean, or certain boxes of these forms?

REID Well I mean I certainly take them very seriously.

DC YATES Well yeah I think they should be taken seriously but I can't, well when we look at these forms separately away from it all etc, they don't tie in with what's been written. So we just ask for an explanation as to why that could be, and you're shrugging your shoulders so. Is there anything you want to ask on death certificates Geoff?

DC QUADE Well just expanding on all that really because we went through this before when one of the nurses put there that pain not controlling symptoms and ...

REID Diamorphine not controlling symptoms?

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DC QUADE ... yeah, that's it, yeah and if you start reading this from after he'd got admitted to ...

REID Dryad.

DC QUADE ... Gosport War Memorial Hospital, actually ...

REID No it doesn't mention it at all.

DC YATES ... given any clue at all about what is wrong with Mr PACKMAN.

REID Well I mean Doctor BARTON's note of the 26th says about that particular, about the pre myocardial infarction, the pre GI bleed.

DC QUADE Suggests GI yeah.

REID Both of which could cause people to become, you know very distressed and uncomfortable.

DC QUADE Yeah but not a lot else there really is there?

REID No there isn't.

DC YATES Is the, is an MIA, medical emergency?

REID Um well yeah, yes is the short answer to that um, particularly now that what I call clot busting drugs

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available, so there's something you can do to limit the size of the heart attack. Before they had the anti clot busting drug one was really just treating symptoms and complications.

DC YATES Right well I have to ask you now and when did these clot busting, clot busting drugs ...

REID Come in?

DC YATES ... yeah.

REID Right.

DC YATES Were they around in 1999?

REID Yeah.

DC YATES They were?

REID They were, not as widely used as they are now. The major downside of clot busting drugs is they cause bleeding. So in this situation you wouldn't entertain ...

DC YATES Is it that ...

REID ... the idea of using a clot busting drug.

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DC YATES ... and again as a layman, Warfarin and things like that are blood thinning drugs, is that right?

REID That's right.

DC YATES Is that not a clot ...

REID No that's completely different.

DC YATES ... it actually breaks the clot does it?

REID Yes it does, Warfarin just prevents clot.

DC YATES Yeah, okay. So I, and I can understand that then if a clot busting drug was used and a person is suffering from a bleed then it's just exasperating the other.

REID You're potentially causing death from bleeding.

DC YATES And is the GI bleed ...

REID Yes.

DC YATES ... in other words

REID Oh yes, yeah.

DC YATES But nothing was done about either?

REID No.

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DC YATES Okay. Geoff. Geoff.

DC QUADE Yeah sorry, I'm just thinking, I'm just reading it now. So when were you aware of the possibility of the GI bleed then doctor?

REID Well when I saw him on the 1st of September and he was definitely having a GI bleed then.

DC QUADE Yeah, okay.

DC YATES So just expand on that, so you said he was definitely having a GI bleed on the 1st of September when you saw him?

REID Yes.

DC YATES So it was a medical decision that you made because of his other problems ...

REID Yeah.

DC YATES ... that you were not going to treat it?

REID That's right.

DC YATES Had you decided that you were going to treat it would that have meant a transfer?

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REID Yeah, yes there's nothing ...

DC YATES And he would have been transferred?

REID ... yes.

DC YATES Okay. Right just, some of this stuff we will recap on in a minute as larger groups and try and take things chronologically but just, but you know supervision, what supervision did you provide for Doctor BARTON?

REID Well I was available if she wanted to talk to me.

DC YATES So it was a more ...

REID Informal.

DC YATES ... call when required, informal as opposed to hands on supervision?

REID Yes.

DC YATES Were you happy with that level of supervision?

REID Yes.

DC YATES Were you happy with the level of training that Doctor BARTON and others received in order to perform their duties?

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REID Yes I was. I was never made, Doctor BARTON never made me aware that she was, I say, deficient in or could have benefited from training in, you know any areas where, you know she's provided, had to provide care to her patients.

DC YATES If she had made you aware of any deficiencies in her training how were you able to address that?

REID Well she didn't but if she had done ...

DC YATES Yeah.

REID ... there's a number of ways. You know we could either, I mean if it's a fairly simple clinical problem just sit down and talk about it but if it's, say an area of management of heart failure we could've seen about maybe offering her a course.

DC YATES Courses, yes.

REID But I mean almost certainly Doctor BARTON would be doing these as part of her post sort of keeping up to date as a GP. So a lot of her skills doing that would be applicable, directly applicable to her job in the hospital.

DC YATES Right. If you had had concerns about Doctor BARTON or any staff or any workload issues that they were suffering or

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you were suffering from, how would you report that? Who would you go to?

REID It depends what the issue actually was.

DC YATES Well if we take a medical issue first.

REID Yeah if she'd been sort of struggling with the management of a patient?

DC YATES Yeah.

REID Well I'd have discussed you know what you should do ...

DC YATES Who could you go to?

REID ... oh who would I go to. Well I mean what I would've done if she'd said she was struggling with something I would sit down with her and say, well how do we think you, we could address this and then take action from there. I mean study leave was available to you know pay for Clinical Assistants to go on courses if they wanted. We did have a regular programme, education programme in the department for Clinical Assistants, which I understand Doctor BARTON used to attend sort of fairly regularly.

DC YATES If, if you were to have concerns about any member of staff though that wasn't being addressed or you weren't able to

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DC YATES Right. Did you raise any issues in regard to training within medical or pharmaceutical in 1999?

REID Did I raise any issues about training?

DC YATES Yeah.

REID No.

DC YATES Okay.

REID I mean I would've been, I would've been happy for my mother to have been admitted and treated in the War Memorial Hospital.

DC YATES Geoff?

DC QUADE No.

DC YATES What I'll do now if I can is Doctor BARTON has made statements and given them to us on other days and actually just pick up just a few points within those statements and ask what you consider and what your thoughts are on the matter and she made a generic statement the first time which is about her, obviously her training as a GP etc and the workload she had and her work at the hospital and she stated in this specific statement that, well she indicated that by 1998 the demands on her time were such that it impacted on her ability to make notes and then in a specific

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statement relating to the care of Mr PACKMAN she said '... if anything had become even more difficult by 1999' and she felt obliged to adopt the policy of proactive prescribing. Why would it be more difficult in 1999 and I appreciate you got there in 1998 didn't you?

REID Yes but it doesn't take very long to write notes. I mean I think that, I mean I got there in 1999 my understanding is that the turnover had, of the patients, had gradually increased.

DC YATES But as you say it doesn't take long to write notes?

REID No.

DC YATES I, I think I've already asked you actually, when and how did she complain? When and how did she complain about this?

REID Well I don't remember her complaining to me. I mean I can't you know put my hand on my heart and say she didn't mention that she was busy or stretched but not in a sense of the workload as coming down and sitting down and saying my workload is far too great. Sorry what was the question, ask me again?

DC QUADE When and how did she complain?

DC YATES Did she complain?

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REID I mean I don't remember her complaining to me. One of my colleagues reminded me that, in fact I think she wrote a letter to him, Dr JARRETT, in I think early 2000 but I ...

DC YATES That would've been in early two, I think that was, was that about the time she actually retired or resigned I should say?

REID I think so yeah it was not long after that.

DC YATES Yeah.

REID And I mean I know, well from discussions with you I mean I'd completely forgotten about it she tried to re-negotiate or re-negotiated her contract with the sort of personnel department but I wasn't involved in that at all.

DC QUADE Sorry, when was that? When was that?

REID I have a feeling that was in, I can't be sure, but my feeling was that was probably the Autumn of 1999 but I'm, you know I wouldn't like to ...

DC YATES In what way was she trying to re-negotiate the ...

REID ... well get more money.

DC YATES ... okay.

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DC QUADE So she wasn't looking to leave the post?

REID Not that I'm aware no, not that I know of, no.

DC QUADE Not to your knowledge

DC YATES Well we've discussed the notes and we can see that the nurses write notes regularly but whether they're full enough you're a better judge than I am but at least they do record things regularly.

REID Yes.

DC YATES And they have to see each and every patient pretty much.

REID Yes.

DC YATES So if a nurse can afford the time is there a reason why a doctor can't?

REID As I said I mean I think if there is a significant you know interaction with a patient then that should be recorded. Even if it was just, you know probably urinary infection, you know give antibiotic.

DC QUADE Just going on on that subject another exhibit (coughs), excuse me, CSY/HF/23, it's a calendar print out ...

REID Right.

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DC QUADE ... for the relevant period and it shows that the date of 23rd of August, if I just show you that, the 23rd of August was when Mr PACKMAN was admitted to Dryad.

REID Mm, mm.

DC QUADE Yes and then it shows Doctor BARTON's first entry on the 26th, Doctor BARTON's second entry on the 28th ...

REID Mm, mm.

DC QUADE ... and on the 3rd when Mr PACKMAN died, on the Friday yes, I've written in red ink there 'Mrs MORRIS to Haslar ...', this is all coming from the admissions book for the ward okay?

REID Mm, mm.

DC QUADE So a patient called Mrs MORRIS left the ward and went to Haslar.

REID Mm, mm.

DC QUADE So that actually shows that patients could go to other hospitals for further treatment, doesn't it, yeah?

REID Yeah.

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DC QUADE On the 17th a Mrs KILSBY was admitted and then on the 24th the day after Mr PACKMAN, Mrs MORRIS was admitted back to the ward again.

REID Right.

DC QUADE Yeah, now the only purpose of showing you this doctor is to say, does that look like a ward that is, cos obviously new patients take up more time than ...

REID Yeah.

DC QUADE ... an existing patient, don't they?

REID Yeah. Yeah.

DC QUADE Yeah and so for the period that Mr PACKMAN was there in fact no new patients were admitted at all?

REID Yeah, mm, mm.

DC QUADE And was that, is that an indication that the ward wasn't that busy?

REID Well certainly it was an indication at that time that it wasn't that busy but as you're aware Doctor BARTON also looked after Daedalus Ward ...

DC QUADE Yeah.

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REID ... and I mean I don't know what, you know the turnover in Daedalus Ward was greater than it was in Dryad Ward so I don't know how busy that was at the time cos that could clearly have effected her workload.

DC YATES I mean we know that Doctor BARTON was contracted to five session per week and more so in one of her statements she says that it was actually increased in 1998 to five sessions but her contract from way back, she was contracted to five sessions per week but in your opinion as a consultant in 1999, at that time was Dryad Ward understaffed and overworked or ...

REID Medically or nursing wise?

DC YATES ... well medically first.

REID Um, sorry just what was, did I think it was overworked medically or overstaff?

DC YATES Well first of all was Dryad Ward understaffed?

REID Medically?

DC YATES Medically.

REID I think that would depend on what was going on on Daedalus Ward. I mean it's my understanding that

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turnover started to increase from 1999 onwards but without having you know the facts there I couldn't, you know I can't say that's actually the case. See I'm not clear how different things were in 1999, say from 1996 I just don't know.

DC YATES

If Dryad Ward was understaffed as the consultant for Dryad Ward would you have been aware?

REID

Well I think the nursing staff would have reported to me that they weren't getting sort of, if you like, adequate you know from Doctor BARTON. In fact it was quite the reverse the nursing staff were indicating that Doctor BARTON was very assiduous and coming you know usually coming in two or three times a day etc, so.

DC YATES

And had you received adverse reports would you have ...

REID

I'd have tackled it.

DC YATES

... you'd have tackled it?

REID

Yes.

DC YATES

Now a lot of Doctor BARTON's stuff, statements actually use the words she anticipates that she would have reviewed Mr PACKMAN on the basis with regards prescribed drugs for him, for instance on the 24th of August and if you go to the prescription sheets you can see she has actually

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prescribed drugs on the 24th but not made notes in the medical notes. Again she, she states that she would visit patients up to three times, or visit the ward sorry up to ...

REID Three times a day, yes.

DC YATES ... three times a day. So it would be morning, afternoon and possibly every evening. Now Geoff's just shown you Mr PACKMAN was admitted to Dryad Ward on the 23rd of August, just shown you on the calendar. Was assessed by Dr RAVIDRANE on that day.

REID Yeah.

DC YATES And the next entry is on the clinical notes whereby Doctor BARTON on the 26th and 28th ...

REID Yeah.

DC YATES ... in 1999 and then you personally reviewed him on the 1st of September and that's nine days after he's admitted. Disregarding what Mr PACKMAN was suffering from, we'll cover that in a bit why wouldn't you have queried why over a period of nine days there's only been three entries on the clinical notes for a man with, as you state, a poor prognosis?

REID Well I mean I was conscious that Doctor BARTON was working hard. In terms of the note keeping I think I've

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already said I'd always felt that when there was important change in the patient's condition Doctor BARTON you know did generally make a record of that, although that might be a sort of fairly brief record and I also, I mean I didn't want to sort of um, you know unnecessarily burden her by saying that every single interaction with the patient had to be recorded because I'd recognised that she was, you know she was working hard.

DC YATES

I mean even in our line of work people can work extremely hard but be heading in probably what is the wrong direction, that is the duty of the supervisors or any of us that have any responsibility for guiding people, sort of put them on track and point them back in the right direction.

REID

Yes, yeah.

DC YATES

Is that one of your, was that one of your duties?

REID

Yes, yeah. I mean with hindsight I think I can say I should've spoken to Doctor BARTON about her note keeping.

DC YATES

But as I say a gap like that, it actually appears that she hasn't seen the patient for nine days, doesn't it?

REID

Well it looks like that.

DC YATES

Yeah.

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REID Six days.

DC YATES Six days is it? Yeah six days. So it's just, not just lack of notes, there's not any reference to Mr PACKMAN's general condition. There's no comment re care plans or drugs.

REID No.

DC YATES So why was this lackadaisical approach allowed to happen ...

REID Well doc..., ...

DC YATES ... and allowed to continue?

REID ... yeah well Dr RAVINDRANE had made a sort of, you know fairly sort of detailed notes, you know on the initial medical clerking and then after that sort of initial notes what I would just expect would be to sort of details, you know when they're being, as I say important change in the patient's condition had occurred. So I wouldn't expect Doctor BARTON to sort of reiterate stuff that had already been, you know recorded in the notes and as I've said already I mean I'd always felt that when there was an important change Doctor BARTON did write it down.

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DC YATES Okay. Right well we know that Doctor BARTON was called to see Mr PACKMAN on the 26th of August and we know it must've been after six o'clock (1800) in the evening cos there's an entry on page 168 if you want to check, which shows she gave a verbal order at that time to Sister HAMBLIN for Diamorphine.

REID Mm, mm.

DC YATES And that's a few days or so after he was admitted and I know you reviewed the patient on the 1st of September. Where would the patient's medical records be at the time, from the time of his arrival at the hospital would you have all the medical records from the QA as well?

REID They should be there, yeah.

DC YATES So for you to, when you review a patient, in particular obviously Mr PACKMAN, but how would you review a patient? What would be your process?

REID Well as I say I'd speak to the nursing staff.

DC YATES Yeah.

REID And look at their medical records, speak to the patient and take things from there.

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DC YATES But how far would you go into the medical records yourself?

REID It would depend on, you mean go back in the medical ...

DC YATES Yeah.

REID ... I mean I'd look at the last sort of entry that was in the, in the notes and depending that, what that told me I would speak to the nursing staff about what had happened or if it related to, possibly related to something that had happened in the past I would go back through the notes ...

DC YATES Back through that.

REID ... and I'd look at blood results and or whatever.

DC YATES So with a lack of notes you would find yourself having to go elsewhere, so to speak, other than the medical notes to find out the information, is that correct?

REID Yes.

DC YATES So you may well have to go to the prescription sheets, have a look at the nursing records, speak to the nurses.

REID I'd look through the, I'd obviously, I'd look at the prescription sheets anyway and I'd always speak ...

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DC YATES So as a matter of course, yeah.

REID ... to the nurses so I mean I can't remember it sort of adding, you know to the burden of work.

DC YATES Right. How often did you conduct your rounds?

REID Weekly.

DC YATES Weekly and that was every week was it?

REID Well sometimes there was a bank holiday or if I was on leave or something, cos a Monday being a, I missed some because of Bank Holidays but usually what I'd try to do is catch up on another day and look.

DC YATES Okay.

DC QUADE What day did you say you normally conducted your round sorry?

REID Normally a Monday.

DC QUADE Cos I think this was a Wednesday.

REID It may have been, I suspect there's, it was August Bank Holiday.

DC QUADE Ah, ha.

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REID On that would be there.

DC YATES Yeah.

DC QUADE Yeah.

DC YATES So if there's a Bank Holiday you'd still get your round in that week ...

REID Well I'd try to.

DC YATES ... albeit a different day.

REID I mean I couldn't say that I managed it every time but I used to try and do that.

DC YATES What, you've got the notes in front of you page 168, this is just to explain something really, which, I just want to get straight. Is it 168?

DC QUADE Yeah it is 168.

DC YATES Yeah, once only in pre-medication drugs, there's two entries for Diamorphine ...

REID Yes.

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DC YATES ... on the 26th and 28th, is that because they're for once only on that day?

REID Yes.

DC YATES So the 26th is the verbal message from Doctor BARTON?

REID Yes.

DC YATES And who signed that?

REID Oh I think it's, I think I mean I can't, it's not very clear it looks like Jill HAMBLIN's signature.

DC YATES Right and possibly another signature next to it. Shouldn't that be countersigned eventually by the doctor?

REID Yes it should be.

DC YATES Right and the same on the 28th, it's a one off yes?

REID Yes.

DC YATES Now, Page 169, cos this one doesn't necessarily, no it doesn't. Right on the 26th of August the nurse has contacted Dr RAVI who's the, I think he's the local consultant geriatrician, I thought you said he was the Senior Registrar?

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REID He's a Senior Registrar but if I were away on holiday he would ...

DC YATES He acts up does he?

REID ... he'd almost act, act, it probably wouldn't be official acting up but he'd be ...

DC YATES He'd cover you?

REID ... yeah.

DC YATES Is that still a training post, Senior Registrar?

REID Yes, yes.

DC YATES So it's like the final, final ...

REID Yes.

DC YATES ... stage of training?

REID Yes.

DC YATES Right now he advised that the Clexane to be discontinued didn't he?

REID Yes.

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DC YATES And that Mr PACKMAN's haemoglobin to be checked ...

REID Yes.

DC YATES ... on the 26th and the 27th of August.

REID Yes.

DC YATES Now the haemoglobin level on the 26th August, I think
that's page 205 and I'm going to have to ...

REID Yeah it came back as ...

DC YATES ... Take this slowly.

REID ... it came back as 7.5 or something I think.

DC YATES Yeah.

REID 7.7, 205.

DC YATES Yeah. Put my glasses on, poor photograph. 7.7 is it, yeah.
Right so the 26th of was 7.7 ...

REID Mm, mm.

DC YATES ... and that's been initialled, yeah?

REID Mm, mm.

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DC YATES JAB which indicates that Doctor BARTON has seen the result?

REID I think that's Doctor BARTON's signature, yeah.

DC YATES Now when did you see the result of this test?

REID Well I don't recollect seeing it at all. I mean I may have done on the 1st of September but you know I've no recollection of it.

DC YATES Had you seen it would you have initialled it to say you've seen it or ...

REID No.

DC YATES ... is it just the doctor?

REID No, it's to make, really to make, they like doctors to initial every result that comes back cos it means that there's documentation that someone's seen the result.

DC YATES Yeah. Oh right so if you hadn't seen it were you going to be aware of the fall in haemoglobin?

REID I might, I mean I might not have been aware, I mean it depends what, cos I just don't know what I did on the 1st of September.

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DC YATES Okay but certainly from your notes of what you said earlier you were pretty convinced that he was suffering with a GI bleed?

REID And that would confirm that.

DC YATES And that would've confirmed it. Okay did you discuss this matter with Dr RAVI or Doctor BARTON?

REID Oh I don't, I don't, no I don't, well I don't recollect having any discussion cos it was a Wednesday afternoon, Doctor BARTON wouldn't have been there and I don't recollect having a discussion with Dr RAVI.

DC YATES So although there is a fall was a further blood test done at all?

REID Doesn't look as though it was.

DC YATES Right would that have been normal to have a further blood test to see if there was a continual drop or not?

REID I think it comes back to the issue would a further test influence your management. Would you change your approach to treatment?

DC YATES And I've pretty much got my head round that now because if you, the answer to a lot of my questions now you've

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given and you're saying that your diagnosis of Mr PACKMAN on the 1st of September was the man was dying?

REID Yeah.

DC YATES He had a GI bleed, you weren't going to treat him for it, just to make him comfortable ...

REID Yes.

DC YATES ... and palliative care ...

REID Yes.

DC YATES ... and pass away peacefully.

REID And therefore there's no point in doing more tests.

DC YATES Right.

REID It might be interesting to do but it's not going to do the patient any good.

DC YATES Do no favours, no. Okay so, and really that's your stand point on that then isn't it ...

REID Yes.

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REID Definitely.

DC YATES ... you were damn sure what was wrong with the man.

REID Absolutely.

DC YATES That, accompanied with his size, and the other problems he had ...

REID Yes.

DC YATES ... he was dying.

REID Yes.

DC YATES And that's why nothing was done ...

REID Yes.

DC YATES ... and why he wasn't moved to an acute ...

REID Yes.

DC YATES ... okay. Geoff do you want to?

DC QUADE No.

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DC YATES Is that, having read the notes that Doctor BARTON made on the 26th wasn't it, back on page 55 I think it is ...

REID Yes.

DC YATES ... from reading those are you assuming that Doctor BARTON was probably thinking along ...

REID Yes along ...

DC YATES ... along the same lines although she wasn't sure it was a GI bleed or an ...

REID ... yes.

DC YATES ... MI?

REID Yes.

DC YATES What would actually make you go towards a GI bleed as opposed to an MI on your diagnosis?

REID Well again it's just from the notes, the fact, and his haemoglobin had dropped from 12 to 7, I mean that's huge, that's absolutely huge and that was done, what three, four or five days before I saw him and he clearly had been continuing to lose blood. So it wouldn't surprise me if his haemoglobin had been 3 or 4 when I saw it, in other words he'd catastrophically ...

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DC YATES So it was a considerable bleed?

REID ... I think so, yeah and there's several references to passing black stools and if you notice them you're bleeding quite a lot.

DC YATES Now obviously there are other things that can cause bleeding from the anus haemorrhoids and things like that. Is it significantly different?

REID Yes because it's what we call myolena, which is, it's not, it doesn't look like blood, it's black and it's black because the blood loss has occurred in the upper part of the gut. The stomach acid changes it and it becomes black. So I think we talked about it earlier that black, there are a lot of causes of black stools. Iron tablets can give you black stools but other than that you're bleeding. It means you're having a big, really a big, you know GI bleed from the upper part of the stomach.

DC QUADE And that's a very basic thing even an inexperienced doctor to ...

REID Yeah.

DC QUADE ... to diagnose isn't it?

REID Yeah.

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DC QUADE

Yeah.

REID

Nurses will pick that up.

DC YATES

And that brings us back then to the death certificate, even nurses can pick that up, yet the nurse can certify that you're dying of myocardial infarction or heart attack?

REID

Yes I mean it's more than likely he died of a GI bleed than a heart attack.

DC YATES

I think another, again, Mr PACKMAN's being treated with Diamorphine, one of the side effects of Diamorphine is constipation isn't it?

REID

Yes.

DC YATES

Yet we've seen earlier on he's actually had problems with diarrhoea ...

REID

Yes one ...

DC YATES

... I think on two occasions wasn't it?

REID

... yeah I mean one wonders if, although it doesn't directly say, that the diarrhoea was actually what I call myolena stools, cos it's usually pretty soft sort of stuff.

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DC YATES Mm but that's another indication when, when, you wouldn't be surprised if a patient's constipated, it is actually the opposite?

REID Yeah can, yeah can I just clarify cos what you can get with Diamorphine and constipation is if you get very constipated, it essentially acts like a sort of plug in your bowel, you can't shift it, get it out and what starts to happen is more liquid motion actually seeps down round the edges and the patient's present with diarrhoea but if you actually examine them they're actually constipated.

DC YATES Constipated.

REID And the treatment is to relieve the constipation.

DC QUADE So via medication?

REID Well any medicine, probably a combination of enema's and softening, stool softening agents.

DC YATES Right at the QA Hospital his only analgesic was Paracetamol?

REID Yes.

DC YATES Is a GI bleed particularly painful?

REID Well it could cause abdominal ...

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DC YATES

Bloating?

REID

... distension but certainly what it can do is make people feel really ill and unwell and there is some reference in there ...

BUZZER SOUNDS INDICATING THE END OF THE TAPE

REID

... there is some reference in there to him having, you know intermittent abdominal pain.

DC YATES

Yeah.

REID

I mean one certainly wonders was that because he was bleeding from blood distending bowel or from, probably from having an ulcer it's certainly a possibility.

DC YATES

Okay the tapes just ended there and it's not a bad place to stop so the time is 1440 and I'll turn the recorder off.

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