

RESTRICTED**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: 1502 Time concluded: 1545
 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 Okay this is a continuation of the interview with Dr REID. The time is 1502 hours. Dr as I say there's been a short break while the tapes have been changed etc. Have you been asked any questions about the matter ...

REID No.

DC YATES ... while the tapes been off. Excellent. It's the same people present?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 2 of 37

REID Yes.

DC YATES Right. If I can refer you to I think it's page 55 (inaudible),
in fact we'll go to page 54. This is Dr RAVINDRANE.

REID Hmm, mmm.

DC YATES Just very quickly, it's the 23rd of August.

REID Hmm, mmm.

DC YATES And that is the day that Mr PACKMAN comes to the War
Memorial ...

REID War Memorial yes.

DC YATES ... hospital.

REID Yes.

DC YATES And he's checked and the initial assessment is done by Dr
RAVINDRANE.

REID Hmm, mmm.

DC YATES About six lines down he's got a query malina?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 3 of 37

DC YATES Right. So on the 23rd August there is a suspicion that there's a possibility ...

REID Yes.

DC YATES ... there. In fact on page 52 I think it is ...

REID Yes it's been queried.

DC YATES ... 13th of August it's queried as well.

REID Yes.

DC YATES Okay. So it's in everyone's mind ...

REID Yes.

DC YATES ... that there is that possibility?

REID Yes.

DC YATES Right. We've already covered that a GI bleed is life threatening.

REID Yes.

DC YATES And it is a medical emergency.

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 4 of 37

DC YATES Is a GI bleed treatable?

REID Ye ... with difficulty.

DC YATES With difficulty.

REID It ... with a GI bleed you can you know just bleed profusely or you can just trickle like slowly. And people trickle very slowly there's you can have you know days, weeks to investigate what the cause is and treat. Bleeding ... first of all you have to ... well the treatment is to try and establish where someone is bleeding from if they're really you know bleeding a lot. And that involves what's called endoscopy which is looking down into the stomach and seeing if you can find the source of the bleeding. Usually the source can be identified but sometimes a source isn't identified. There can be different sources of bleeding, I mean some patients the stomach may just be sort of oozing blood generally. In other cases it maybe see an obvious ulcer and sometimes it will actually see an artery in the ulcer spurting blood and via the endoscope if you see that you can try cauterising it to stop the bleeding. Sometimes what they see is a clot adherent to an ulcer and they don't want to dislodge the clot for fear of sort of cause further bleeding so they leave things be. At the same time as not having done that you can start people on ... there's drugs which heal ulcers but the evidence that they have much effect when you're actively bleeding is not good but they're

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 5 of 37

generally given anyway in the hope that they might do something. But people who are, as this chap was, dropping in haemoglobin 5 grams in the space of two days that's a significant bleed and that you know potentially could be difficult to treat, and given his particular circumstances you know the fact he was so large would make it even more difficult.

DC YATES

Okay.

REID

So it is not ... and what sometimes tend to happen if bleeding is continued people then have to go to theatre to have a partial hysterectomy have part of the stomach removed. So treatment is not easy.

DC YATES

Yeah I'm with you. And possibly with as you say somebody as large as Mr PACKMAN.

REID

That's gonna make it more difficult.

DC YATES

Okay. But we have had a mention as far back as the 13th of August ...

REID

Yes.

DC YATES

... or a query, again on the 23rd August ...

REID

Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 6 of 37

DC YATES ... of Dr RAVINDRANE, that's 10 days.

REID No I think what he was referring to was ...

DC YATES Yes.

REID ... a previous episode.

DC YATES It brings it to the fore again though.

REID Yes.

DC YATES Yeah. And for a Dr to then pick the notes up as Dr BARTON would the next day possibly although her notes aren't for a couple of days, surely she'd read the notes made by Dr RAVINDRANE?

REID Well I'd have thought she would have done.

DC YATES It's there for all to see.

REID Yes. And I think it really depends on how the patient actually presented to Dr BARTON. I mean she's clearly considered it cause she said that he hasn't been vomiting up blood.

DC YATES Okay. And that's Haematemesis.

REID Haematemesis yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 7 of 37

DC YATES Vomiting blood. Is that always the case with a GI bleed?

REID No.

DC YATES So ...

REID It doesn't exclude it.

DC YATES It doesn't exclude it. Okay. Now we know some of the other symptoms that can indicate a GI bleed which are the black loose stools.

REID Yes. That will often not happen, they sometimes can ... will take two or three days to come through the system.

DC YATES Okay.

REID Depends how quick they're bleeding.

DC YATES Would other symptoms ... could other symptoms possibly be pale, clammy, unwell?

REID Very consistent with GI bleeding.

DC YATES Okay. Now there's some nursing notes on page 62 dated the 25th of August I've marked down. Passing fresh blood PR, query clexane, verbal message from Dr BEASLEY to withhold.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 9 of 37

DC YATES ... 12 days.

REID Yeah.

DC YATES So come the 26th of August I think it's on here as well, unwell at lunchtime.

REID Yes.

DC YATES Colour poor, complaining of feeling unwell. Seen by Dr BARTON this afternoon, await results of the haemoglobin, further deterioration, query indigestion, pain in throat, not radiating, vomited again ...

REID Hmm, mmm.

DC YATES ... this evening, verbal order from Dr BARTON, diamorphine 10 milligrams stat.

REID Mmm.

DC YATES And that was given at six o'clock. Metaclopramide 10 milligrams given.

REID I mean that could have been consistent with having a heart attack you know. And you know again if you thought if someone had been having a GI bleed at that time you would have indigestion, vomiting they might have brought

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 10 of 37

up blood. So you know it's been ... I think to think of an MI as well was perfectly legitimate.

DC YATES

So that's what I'm just trying to establish though cause there's mentions of a possible ... a possible bleed which is the 13th of August, well initially on the 13th of August. You've got the vomiting and there are further mentions of loose stools. Now that brings us up to the 26th and Dr BARTON actually writes the notes ... I think Dr BARTON may well have seen Mr PACKMAN before that but on the 26th she actually writes some notes. And that's back to page 55 again where she's querying a GI bleed okay. Now from what you've just told me now yes there was a query on the 13th of August, nothing really repeats itself before Mr PACKMAN gets to the War Memorial with Dr RAVINDRANE is just really repeating the incident on the 13th of August.

REID

Yes that's right.

DC YATES

And he arrives on the 23rd doesn't he?

REID

Hmm, mmm.

DC YATES

So ... and all these other things that I've actually brought up, the passing fresh blood and vomiting you said actually it still doesn't necessary indicate that he's having a huge bleed.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 12 of 37

REID ... GI bleed yeah.

DC YATES It's a huge loss now. What's been done since the 26th of August and the 1st of September though? The test results have been back, all these indications that he might be having a GI bleed, what's been done?

REID Well other than read his symptoms nothing. The thing is what can you do in this situation. Well if someone was in QA what you think about is now should we start thinking about transfusing someone. We can't transfuse people in the War Memorial Hospital because there isn't a doctor on site all the time and for a blood transfusion you're required to have a doctor on site in case people develop allergic reactions to the blood. So being in the War Memorial is sort of bad news if you like in terms of being able to transfuse someone. So you then have to make a decision well should we think about transferring the patient for transfusion and the issue then becomes well is that the ... is that the right thing to do, you know in other words if things are so bad that you think the patient's not likely to survive or not survive the journey or if the patient doesn't wish to go and would they ... as I say they survive the journey. So that's the sort of decision that has to be made whether a transfer back is appropriate or not. And from Dr BARTON's note it certainly ... appear that she's considered that possibility, should the patient be transferred back because he's become unwell but she's felt that he

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 13 of 37

wasn't fit ... or what she's written is wasn't fit to be transferred back.

DC YATES

Yeah and ... yeah I mean that entry is plain to see. But what evidence is there to support that entry?

REID

Well I think it has to be a judgement you make at the time and there's nothing written to support that statement.

DC YATES

No there's not anywhere. So it's not just Dr BARTON's poor notekeeping on this occasion there is no evidence that I can see, unless you can correct me, that would support Dr BARTON's statement that the patient's not well enough to transfer.

REID

One would think twice about transferring someone who's having a heart attack.

DC YATES

Mmm.

REID

Because we know that you know stress and anxiety could potentially make things worse. But ... so that may have been part of the thinking behind her decision but I can't say because there isn't a note as to why the decision was made.

DC YATES

And I accept that Dr BARTON has put or suggested a myocardial infarction an MI.

REID

Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 14 of 37

DC YATES As well as a GI bleed. But the evidence that's available in the form of these notes of people that have been treating Mr PACKMAN it actually all points towards to a GI bleed doesn't it?

REID Well there's only been a question raised about it before.

DC YATES Mmm.

REID There was the fresh bleeding from the rectum which you know I'm not sure that's really of any significance in this to be fair. The haemoglobin count was only done that day.

DC YATES Yeah.

REID And I mean there's notes to the effect that they were unable to ... whether Dr BARTON was aware of that result when she you know wrote these notes and when the nursing notes were written up, I don't know.

DC YATES Hmm, mmm.

REID Because I mean I think if she'd been aware of that she would have ... she might well have thought differently.

DC YATES Okay. So black stools overnight on the 13th of August at the QA.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 16 of 37

REID Pain in throat would be unusual of a GI bleed unless ... I mean if you bleed very severely then you can get the heart can ... you can get heart pain. I mean the other thing to say the 13th of August isn't the only time that black stools is ...

DC YATES No.

REID ... mentioned on the notes. Now usually if you're passing black stools and having sort of significant you know bleed, your blood count drops and one of the things that Dr TANDY was at pains to do was to check that Mr PACKMAN's haemoglobin was okay before he went to the War Memorial.

DC YATES Hmm, mmm.

REID Which she did and it was. So that raised the question from me I'd have thought if someone had been bleeding from the 13th through the to the 24th passing black stools you'd have picked it up by a drop in the blood count before then. So I think the ... although it's been considered a lot it's a bit strange really that if he was bleeding ... well if he was bleeding beforehand the white ... sorry the haemoglobin count would have dropped.

DC YATES Hmm, mmm.

REID He'd bleed significantly. So it's a bit of a ... it's a bit of a puzzle really.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 17 of 37

DC YATES Okay. But even so then that's actually pushing more towards then on the 26th of August he was stable. He was a big man, he was a fat man with sores, he was immobile, morbidly obese.

REID It says he was unwell complaining of feeling unwell, cold, clammy.

DC YATES So he's arrived ... he's arrived at the war memorial ...

REID Sorry this is what date?

DC YATES Well he's arrived at the war memorial on the 23rd.

REID Right.

DC YATES Round about that time there's been a haemoglobin check there's been fall so if there is a bleed it's gonna be almost as insignificant.

REID (Inaudible).

DC YATES If he's bleeding at all, is that right?

REID Yes.

DC YATES And now on the 26th of August he's pale, the Dr's been called in to see her ... to see him, he's pale, clammy,

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 19 of 37

be treated at hospital and it is a medical emergency surely they should be transferred to somewhere where they could be treated.

REID If that's what the patient and the family you know agree as ... and the Dr thinks that's the right thing to do.

DC YATES Okay. So the family should be aware that ...

REID I'd have thought the family should have been aware if there was a very significant change in this man's condition.

DC QUADE Well before we go on from that, when he came in on the 23rd of August, tell me whether you agree or disagree, that he was obese, he had arthritis in his knees, he had ... he was immobile.

REID Mmm.

DC QUADE Pressure sores and constipation.

REID Hmm, mmm.

DC QUADE Was he in a life threatening condition when he came in to Gosport War Memorial Hospital on the 23rd of August?

REID In the sense of life threatening was he likely to die in the next sort of 24/48 hours? No.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 20 of 37

DC QUADE

He'd gone to Gos ... sorry go on.

REID

But I think that he was on ... he was on the slippery slope because of having all the things we've just gone through. The outlook when you're as overweight as that, you've got pressure sores, you can no longer move off the bed, is poor. And I can't tell whether it's gonna be you know one week, one month, six months but things do not look good when you're in that position.

DC QUADE

Well we discussed earlier on when we talked about this ... when we first started talking about this case today and you were you ... you weren't aware that he had had a fall, but that was why he'd ended up in hospital, he had a fall at home and he was then immobile but he was immobile. It was in the ... it's in the Q.A. notes ... sorry I'll find it for you in a minute Dr but it's in the Q.A. notes, it's at the ... it's in a ... on his entry into hospital. And I think you thought he was just immobile didn't you?

REID

(Inaudible). I can't ... I don't recollect seeing anything (inaudible).

DC QUADE

It's at the top of a page.

REID

Page 42.

DC QUADE

Is it thank you. There you go. Fall at home, unable to mobilise, obese, 2 x ambulance crew called to assist. So

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 22 of 37

DC QUADE Is there any evidence that he was told ... she was told that he had a GI bleed?

REID There's nothing ... nothing ... well.

DC QUADE Is there any evidence in those notes Dr that it was carefully explained to her what exactly was wrong with her husband? And in actual fact was she there because my understanding is that she herself was under the surgeon's knife at the Q.A. hospital at the time.

REID My under ... well I thought that she was going in to have surgery the day that he died. Mrs PACKMAN ... on the 1st of the 9th it says Mrs PACKMAN was visited this afternoon is aware of her condition. She's being admitted to E1 Ward tomorrow for surgery.

DC QUADE Yeah. So on the 2nd of September she was in hospital herself wasn't she?

REID One presumes so. I mean on the 27th of August cause we've got the wife has visited this afternoon is aware that condition could deteriorate again. Still remains poorly.

DC QUADE But when ...

REID 26th of August 1700 hours Dr BARTON here for Oramorph, wife seen by Dr BARTON explained Mr PACKMAN's condition and medication used. That was

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 23 of 37

the day he deteriorated. So that's the 26th of August at 1700 hours. So one would assume Dr BARTON had explained what she felt was wrong with Mr PACKMAN and discussed his future treatment.

DC QUADE Well you mention the 26th of August ...

REID It's page 62.

DC QUADE Yeah sorry no I'm looking for another ...

DC YATES Await results?

DC QUADE Yeah, yeah.

DC YATES So await results have been .

DC QUADE Yeah you covering that?

DC YATES I will be yeah.

DC QUADE Okay we'll leave that for a minute Dr cause that will come up in a moment.

DC YATES Well accepting that Mrs PACKMAN's been made aware of the poor prognosis of her husband ...

REID Hmm, mmm.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 24 of 37

DC YATES ... would it have been explained ...

REID Well it said Mrs PACKMAN's explained Mr PACKMAN's condition.

DC YATES Yeah. Would they have ... would it have been explained actually that apart from being morbidly obese etc there are things that can be done for a GI bleed but it would involve transfer to another hospital. Will those things ... will they be explained?

REID Well they should be.

DC YATES Should be. Again it's just not ... nothing's documented. If you look at page 62 as you're on it.

REID Mmm.

DC YATES And it's ... this one's from Gill HAMBLIN and it's Sister HAMBLIN. Fairly good morning no further vomiting. So he's obviously been vomiting. Dr RAVI contacted re clexane, advised to discontinue or repeat.

REID Haemoglobin.

DC YATES Haemoglobin today and tomorrow. Not for resuscitation. Unwell at lunchtime, colour poor, complaining of feeling unwell. Seen by Dr BARTON this afternoon. Await results of haemoglobin. Further deterioration.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 25 of 37

Complaining of query indigestion pains and throat not radiating. Vomited again this evening, verbal order from Dr BARTON diamorphine 10 milligrams stat, same given at 1800. So if you go to the prescription sheets you can see on the 26th August, you won't see it quite so clearly but you'll see it is different handwriting, 1800 diamorphine, and that's Gill HAMBLEN's.

REID Yes.

DC YATES And it's easy for me cause it's actually written in blue

REID Hmm, mmm.

DC YATES Now Dr BARTON obviously attends yeah.

REID Hmm, mmm.

DC YATES And you'll see on page 171 I expect it will be half way down oramorph.

REID Hmm, mmm.

DC YATES Now that's been written up ... that's been written up by Sister HAMBLEN again but it's been signed by Dr BARTON, dated by Dr BARTON. Now it's a bit more plain to see on my copies cause it's the original.

REID Yeah I think I can see what you're ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 26 of 37

DC YATES Yeah it's different hand writing, different pen. All the times have been put in and that's never ... never been administered has it?

REID No.

DC YATES Right. Straight away then Dr BARTON's come in she's signed that, she's now written up diamorphine on the 26th, midazolam on the 26th.

REID Yeah.

DC YATES Oramorph again twice, one's 10 milligrams one's 20, and the hyoscine.

REID No the hyoscine wasn't

DC YATES No the hyoscine was later. The two oramorphs on page 172, medazolam, diamorphine and then the oramorph that was written up as a result of a verbal request. All written up on the 26th. Right the diamorphine we can see underneath the 26th of August it's actually not given till the 30th and the 31st.

REID Yes.

DC YATES Yeah. Okay. Midazolam well that appears to be given on the 26th of August.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 27 of 37

REID Prescribed on the 26th of August.

DC YATES According to these notes given on the 26th of August.

REID Yes. Having said that I mean you know I take your point but what it seems to have happened to me is if you look at the signatures under diamorphine and Midazolam then obviously you go from the first one where it's written on the 30th.

DC YATES Yeah.

REID The signature at 1445 looks to be the same signature as is given for Midazolam.

DC YATES It is.

REID And then on the 31st the same.

DC YATES I think ...

REID So I think that these ... the medazalam was not given on the 26th of the 8th it was actually given on the 30th, 31st, the 1st ... the 1st and 2nd.

DC YATES And I think you're right, this is what I was going to come on to. But it doesn't say that and it's just shown, it's a bit

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 29 of 37

said abysmal, notekeeping and on the prescribe ... on the prescription sheets it's abysmal. And failing that I thinking probably one of your more junior house officers will pick up things like GI bleeds and that. It hasn't been picked up. There is no evidence here that has actually been picked up and dealt with. Now there is a duty of care to the patient Dr BARTON has it but you too have it don't you?

REID

Yes.

DC YATES

Now was that duty of care actually complied with, did you actually provide that duty of care to Mr PACKMAN?

REID

Well I think I did.

DC YATES

What did you do about this, about the whole scenario?

REID

Well when I came on the 1st of ...

DC YATES

September.

REID

... September in the time given to me, I mean what I've said was that I have to look at you know what's the ... if you like, the most pressing problem ...

DC YATES

Hmm, mmm.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 30 of 37

REID ... that I've seen. And to me this was a man who was having a GI bleed with multiple problems who is dying and I felt the most important thing was that was palliation.

DC YATES Hmm, mmm.

REID And I can't remember the prescription charts whether I looked at them or not. I mean I have to say that I just can't remember. But we've got documentation here from the 26th of August that Dr BARTON has discussed Mr PACKMAN's medical condition with his wife on a number of occasions.

DC YATES Mmm.

REID And therefore my assumption is from that that his future management plan has been discussed and agreed with his wife.

DC YATES I think most people or the majority of the public believe what a Dr tells them. The Dr is all knowing when it comes to patients and you go to hospital and you feel rest assured the Dr will, to the best of his ability, sort you out and make you better. I think that's the general presumption of the public and relatives assume the same. Dr BARTON could have explained all sorts of things to Mrs PACKMAN ...

REID Hmm, mmm.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 31 of 37

DC YATES ... but what did she do about caring for Mr PACKMAN the patient?

REID Well I mean what I can't ... I mean I don't know what discussion Dr BARTON had with Mrs PACKMAN, what she actually discussed.

DC YATES Okay. Well ignore that, ignore what the discussion with Mrs PACKMAN ... but what did she do for you know ... I know what you're saying is did she ask Mrs PACKMAN's permission to do things etc.

REID Well I mean Dr BARTON may have felt at that stage as I did on the 1st I don't know, that Mr PACKMAN was terminally ill and the most important thing was to relieve his symptoms, that palliative care was what was needed, and that it was not appropriate to do anything else because his outlook was so poor.

DC YATES Why on the 26th of August was his outlook so poor, he was pale and he was clammy?

REID It seems that's what she ... that's what she may have felt on the 26th of August.

DC YATES Now you've arrived at the hospital 5 days later, 6 days ... 5/6 days, but on the 1st of September anyway.

DC QUADE Five.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 32 of 37

DC YATES ... five days. And you've been presented with a patient who you are saying is ... the man is going to die.

REID Yes.

DC YATES He is ... the bleed has gone too far.

REID Yes.

DC YATES He was too big, morbidly obese ... he's going to die. Looking through the notes as you're ... as you're doing your round and as you are examining this patient you must have picked up the fact that ... what has happened since this man's been here, what has been done for him. And it actually looks as though ... it looks as though it's very little doesn't it.

REID Well I think I've said it all already that you know I examined the patient I felt he was terminally ill. I'd have heard from the nursing staff that there'd been discussions with Mrs PACKMAN about how her husband should be managed and my assumption would have been that whether he should be treated, transferred had not really been discussed with him. And therefore there was no need for me to do anything more than that.

DC YATES No but ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 33 of 37

REID If that ...

DC YATES But looking back on what had been done before cause the overall responsibility for the care of that patient Dr fell with you.

REID Yes.

DC YATES So looking back from the 1st of September, at the moment I'm not quibbling or arguing with what you were presented with, you say that's what you saw, that's what you thought then fair enough. But what had happened beforehand?

REID Well I mean it may have been inappropriate because it's ... there's no record of the discussion with Mrs PACKMAN about what was or wasn't discussed, it's ... and I can't make a judgement on that. About whether it was appropriate or not.

DC YATES So having ... having looked at the notes yourself at the time but even now, actually having looked at the medical notes where the patient has deteriorated so rapidly really, would you not have brought this up with Dr BARTON and said look where are your notes, have you seen the patient each day. The nurses say you have, but where are your notes?

REID I would have spoken to the nursing staff.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 34 of 37

DC YATES Yeah but why isn't a Dr that is charged with looking after one of your patients on a day to day basis performing her job properly.

REID Well I mean ...

DC YATES Why is she not keeping adequate notes.

REID I mean ... I mean I can't say in relation to the care of this patient. I mean as I said before if Dr BARTON wasn't on my round on a Wednesday afternoon, I'd have sort of been relying on the nursing staff to tell me what had happened and to look at what had been recorded in the notes.

DC YATES But there's been very little recorded in the notes.

REID Absolutely.

DC YATES So what did you do about that?

REID Well I didn't ... I mean I don't remember that I took any further action about it. But I said I did speak to Dr BARTON about variable dose prescribing... whether it was this patient or whether it was ... I can't remember.

DC YATES Okay. Were there any guidelines or protocols or practices in existence that would specifically prevent or encouraged then re transfer of patients to acute units? Were there any guidelines at the hospital?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 35 of 37

REID I don't know of any, I mean there may have been some but I just don't know.

DC QUADE No political shenanigans or ... that would encourage you not to send a patient to an acute ...

DC YATES Bed spaces and things like that. On page 172 which are the prescription sheets the oramorph at the top, is that my eyes or is there a range 10 to 20?

REID 10 to 20?

DC YATES Cause I've lost my glasses. I'm not used to them. It says a range available, am I right in thinking that the record doesn't show actually what dose was given.

REID It looks like that.

DC YATES Is there an explanation for this or is it just poor record keeping again?

REID Well I'd say that's just poor record keeping.

DC YATES And I know I've asked this ... what safeguards were in place preventing the inadvertent unintentional administration of these drugs to Mr PACKMAN, too much?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 36 of 37

REID Well there's ... I mean there's none other than the expectation of the nursing staff would start with the lowest dose.

DC YATES But actually if I was to ask you what dose of morphine or oramorph did Mr PACKMAN receive on some of those days you couldn't actually give me an answer could you?

REID I couldn't say for sure no.

DC YATES No. And what exactly was the pain and the distress that Mr PACKMAN was in, the pain or distress?

REID Well ...

DC YATES Or the reason for the oramorph?

REID Well he was ... I mean Dr BARTON said he was pale, clammy, did it say distressed I can't remember? Pale, clammy, unwell. Well if he'd either a GI bleed or MI he may well have been feeling distressed and one would presume that that's the reason for it's prescription.

DC YATES Right. Right 22nd I'll just pull the nursing notes up just to check.

(Sound of buzzer).

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

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

DC YATES

Alright the tapes just coming to an end the time is 1545 hours and I will turn the recorder over and change it.

(Interview concluded).

2004(1)

RESTRICTED