

RESTRICTED**RECORD OF INTERVIEW**

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

Person interviewed: REID, RICHARD IAN
 Place of interview: FAREHAM POLICE STATION
 Date of interview: 08/08/2006
 Time commenced: 1556 Time concluded: 1627
 Duration of interview: 31 MINUTES Tape reference nos.
 (→)
 Interviewer(s): DC1162 QUADE / DC2479 YATES

Other persons present: MR CHILDS, SOLICITOR

Police Exhibit No:	Number of Pages:
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Signature of interviewer producing exhibit
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Person speaking	Text
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DC YATES	This is a continuation of the interview with Dr REID. The time is 1556 hours. Dr REID can we just confirm the same people present?
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REID	Yes.
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DC YATES	And have you been asked any questions about this matter while the tapes have been turned off?
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REID	No.
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DC YATES

And the break was just to stretch your legs and ...

REID

Yes.

DC YATES

... get a breath of fresh air. Okay. I'm actually going to take you back now to the morning of the 27th of August 1999, if I can find my place in a minute. I think it's page 62 I'm after.

REID

Page?

DC YATES

63 I expect. Yeah page 63 at the top 27th of August in the nursing notes. It says some marked improvement since yesterday seen by Dr BARTON this AM. To continue oramorph 4 hourly and the same given tolerated well, some discomfort this afternoon especially when dressings being done. Wife visited this afternoon and is aware that condition could deteriorate again, still remains something poorly.

REID

Poorly. It's Gill HAMBLIN'S signature isn't it.

DC YATES

Oh she's signed it up there yeah. So he appears to have stabilised somewhat on that day?

REID

Hmm, mmm.

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DC YATES And in addition there probably would have been ample opportunity to have obtained the result of the haemoglobin taken the day before.

REID Hmm, mmm.

DC YATES Why then at a time when Mr PACKMAN could have been transferred more safely wasn't this done?

REID I don't ... I can't answer that.

DC YATES When was Mr PACKMAN's condition discussed with you or the gastroentrologist or medical team on call?

REID It wasn't.

DC YATES No. That's in particular the drop of the haemoglobin from 12 to 7 7. The transferring of a patient from the War Memorial Hospital to the Queen Alexandra shall we say or somewhere there's a gastroentrologist or something like that. It's a bit like if the mountain won't come to Mohammed, Mohammed will have to go to the mountain sort of thing. If you can't get him to a hospital because he's so unwell what's stopping you getting the gastroentrologist to the hospital to have a ... to the War Memorial to have a look at him?

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REID Because the principle ... well there's nothing ... there's nothing wrong with asking for that to happen but I mean what could he do when he got there?

DC YATES I don't know.

REID Nothing is the answer cause they want to look down just to have a look down into someone's stomach to see where the bleeding is coming from.

DC YATES But would he have been able to do that at the hospital?

REID No not to the best of my knowledge.

DC YATES Okay.

DC QUADE So he would have had to have performed a clinical examination, is it a clinical examination?

REID Well he'd have to have an endoscopic examination.

DC QUADE Yeah.

REID To look down and try to identify the source of the bleeding.

DC YATES And that would have to be done at the Q.A. itself would it?

REID Yes.

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DC YATES See Dr BARTON states in her statement that Mr PACKMAN's pain would have ... that he was experiencing from his ... could be from his abdomen or his sores?

REID Yeah.

DC YATES But the notes never suggest that the sores were a significant cause of pain do they?

REID Except that bit there on the 27th.

DC YATES The nursing care plan for sleeping, there's an entry on the 29th of August, that records that Mr PACKMAN complained of left sided abdominal pain and a query whether it was related to his bowels. Again it's sort of indicating it's this gastro bleed again doesn't it.

REID Well ...

DC YATES Would you ... would you be suffering with pain in that area after an MI?

REID No, no, no. That would be unusual.

DC YATES I think I'm nearly finished in what I want to ask about Mr PACKMAN. Do you want to have a ... if I just check?

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DC QUADE Yeah. Going back to that nursing note of the ... it was on Gill HAMBLEN's I think. No Dr when was the syringe driver commenced, it was the 30th wasn't it?

REID Yes.

DC QUADE The nursing note on page 63 the night time one for the 29th slept for long periods oramorph given as prescribed. Then it says this mane,morning 30th ...

REID Hmm, mmm.

DC QUADE ... complaining of the left abdominal pain.

REID Yes.

DC QUADE That's a new pain isn't it for Mr PACKMAN?

REID The problem it says here on the 26th query, probably a query indigestion which could be pain somewhere in the stomach in the abdomen.

DC QUADE It's not specific is it? I mean there's nothing specific in any of the Dr's notes either are they?

REID No.

DC QUADE So, but it then appears then that when Sister HAMBLEN comes on that day takes over, she makes a decision that

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although he slept for long periods she makes a decision that he should start the syringe driver, presumably because of the left abdominal pain.

REID I don't know.

DC QUADE No, but that's what it looks like isn't it.

REID Well ...

DC QUADE Condition remains poor. So how can we be certain that the use of the syringe driver was indicated or appropriate?

REID Well you can't cause there isn't a record to the effect.

DC QUADE No. And this is a danger isn't it because now you've got a nurse who's decided to start the syringe driver by the looks of it.

REID Yeah.

DC QUADE Do you think that's satisfactory?

REID Well I mean it doesn't say whether it's been discussed with Dr BARTON or whatever so.

DC QUADE No.

REID It's difficult to say whether it's satisfactory.

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DC QUADE Regarding the haemoglobin, the fall.

REID Mmm.

DC QUADE And you yourself said it was huge.

REID Hmm, mmm.

DC QUADE Yeah. The people who do the tests in the lab they're presumably quite experienced aren't they?

REID I don't know.

DC QUADE Who would do ... who is it that ... what they called?

REID I mean in the ... that's the haematology laboratory but I don't know whether it's a junior technician whether it's ...

DC QUADE Yeah okay.

REID Who does ... who actually does the tests.

DC QUADE Okey dokey. So what's ... what would you expect a consequence of somebody seeing that drop cause they would have known there was a drop from 12 to 7?

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REID Well there's note on the form to say that they tried to contact the ward at the hospital with the result and couldn't get any answers from the switchboards.

DC QUADE Now is it usual for them to contact the ward on results of haemoglobin tests or blood tests?

REID Only if there is a you know as a result that they're concerned about it.

DC QUADE That's significant?

REID Yeah.

DC QUADE Yeah. And ... and they couldn't get through?

REID So they say.

DC QUADE So they say. But nobody seems to have sort of checked that through do they, no one seems to have rushed it, despite the nursing note saying, I can't quite find it now, but the nursing note said 'await blood tests'.

REID Hmm, mmm. I think it comes back again to what your plan is for patient and what discussions have been had with Mrs PACKMAN and what your view of the patients clinical condition is, in other words is it so bad that palliation is the order of the day or is there to be some active treatment you know short of no resuscitation.

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DC QUADE Yeah but that doesn't fit in quite well because I found the comment I was looking for now, the one that's dated the 26th of the 8th on page 62 by Nurse HAMBLEN, Sister HAMBLEN, where it says unwell at lunchtime, colour poor, complaining of feeling unwell, seen by Dr BARTON this afternoon, await results of HB.

REID Yep.

DC QUADE So what's the point of waiting for the results of HB if you've made that decision when all you're gonna do is look after the patient in a terminal phase situation.

REID Well ...

DC QUADE Cause it looks there as if Dr BARTON's thinking that the haemoglobin tests might show us something.

REID Well ... well it does but I mean I think it would ... you know the discussion with Mrs PACKMAN is gonna be a pretty sort of key discussion.

DC QUADE So if Mrs PACKMAN says I don't want my husband to be ... I don't want my husband to stay alive but you know Mr PACKMAN's got a condition that you can save him from you ...

REID My responsib ... the first responsibility is the patient.

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DC QUADE

Yes.

REID

And if ... first of all if the patient is in a position ... if the patient is mentally capable then it's up to the patient to make a decision about what treatment he or she doesn't want ...

DC QUADE

Yeah.

REID

... wants. If a patient is not capable of making a decision and I mean it's not clear whether Mr PACKMAN was or not.

DC QUADE

Yeah.

REID

But then it's up to in law and my understanding is the duty of those caring for the patient to act in what they believe to be the patient's best interests.

DC QUADE

But is there any indication there about his mental state then?

REID

No.

DC QUADE

Well certainly on the 26th fairly good morning, no further vomiting, complaining of indigestion, pain in his throat. So it seems that he's quite verbal at this stage isn't he?

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REID At that stage?

DC QUADE On the 26th?

REID Yeah.

DC QUADE On the ... so ... so on the 26th it's ... if Dr BARTON had ... let's say for arguments sake that somebody on the 26th from the lab had got through to the hospital ...

REID Hmm, mmm.

DC QUADE ... and passed on the message about the haemoglobin ...

REID Mmm.

DC QUADE ... what would you expect to have happened?

REID I'd expect there to have been ... well assessment of the patient's condition.

DC QUADE Yeah.

REID About whether you know you felt further treatment was appropriate ... whether further treatment investigation was appropriate or not and then a discussion with Mrs PACKMAN or with the patient if the patient was capable of ... well first of all I mean if the patient was capable and I think you also feel that the patient was ... well some

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patients can be mentally capable but yet you feel that to discuss it with them at the time would be so distressing, upsetting that you feel it would be unethical to do so.

DC QUADE

And the 27th some marked improvements since yesterday, this is page 63, and this nurse I think it's Sister HAMBLEN again, says wife has visited this afternoon is aware that condition could deteriorate again. How does Sister HAMBLEN know that, how does she ... does she know what the condition is now then?

REID

Well I wouldn't ... I mean I wouldn't know what discussion Sister HAMBLEN had had with the patient and what she said.

DC QUADE

But Sister HAMBLEN is aware that condition could deteriorate again.

REID

Well I mean I don't know where Sister HAMBLEN got that information from, I mean be it from a discussion with Dr BARTON.

DC QUADE

Because there's no indication from Dr BARTON what the condition was is there?

REID

Well by condition you mean how ill or unwell someone is and not necessarily diagnosis.

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DC QUADE But I don't think anyone's actually diagnosed what's wrong with him at the moment have they?

REID Well I mean Dr BARTON said that she thought there was two possibilities.

DC QUADE Yeah but we haven't got to that have we because I don't think at this stage ... when did we find out about the haemoglobin test then?

REID I don't know.

DC QUADE Because one would assume if it had been by then Dr BARTON would have written something in the notes wouldn't she?

REID Yes.

DC QUADE And then either ...

REID Well Dr BARTON ... Dr BARTON has seen the haemoglobin form but hasn't recorded when she's seen it in the notes.

DC QUADE Well then ... there are two options aren't there, she either acts upon it or she doesn't act upon it for the reasons you stated ...

REID Yes.

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DC QUADE ... and that you formed the opinion that the patient is terminally ill and is now in a palliative care situation effectively.

REID Yes.

DC QUADE But that's not recorded anywhere is it?

REID No. I mean the patient's in a palliative condition but it's not inevitably a terminal decline so people can ... and then dip down again.

DC YATES Well just to recap a couple of points then. Why isn't there any reference to the reason behind the prescription of any drug in Mr PACKMAN's notes? Why isn't there a reference to the reason?

REID Well I mean that ... there's an oblique reference to it in Dr BARTON's notes isn't there, in that she ...

DC YATES An oblique reference?

REID Sorry?

DC YATES An oblique reference did you say?

REID Well yes I mean what she said in the ... yeah called to see pale, clammy, unwell, suggest query MI, other possibility

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acute GI bleed and she wanted diamorphine started presumably because the patient was distressed.

DC YATES Yeah. Did Dr BARTON ever make the correct diagnosis of Mr PACKMAN's ... of Mr PACKMAN?

REID Well I mean I don't know.

DC YATES No we don't do we cause of the notes. On the 1st of September you've reviewed the patient and you've come to a conclusion that he died of a GI bleed or you thought he was dying of a GI bleed. At some stage Dr BARTON has seen the haemoglobin results and she's signed it.

REID Hmm, mmm.

DC YATES And she's made no entry yet again.

REID Mmm.

DC YATES And she's not acted on it in any way.

REID Well she ... we don't know whether she's acted on it or not in terms of having a discussion or what she said to Mrs PACKMAN.

DC YATES Well that's what the notes are for isn't it for her to record ...

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REID Yeah.

DC YATES ... what actions been taken for people that have to deal with things later. Reading the notes I am not convinced that Dr BARTON has fulfilled her duty of care to this patient and certainly when we start looking at notekeeping etc it's ... it's worse than poor, it's abysmal. But if Dr BARTON's not fulfilling her duty of care then I've got to ask the question are you? Now we accept, we don't have to ask the question we know you have a duty of care to that patient.

REID Yes.

DC YATES You're the consultant. But do you feel that duty of care was fulfilled?

REID Yes.

DC YATES So do you think the manner in which Mr PACKMAN was cared for adequate?

REID When I saw Mr PACKMAN on as I said already on the 1st of September I felt that he was terminally ill. I've explained that I felt that his prognosis was poor from the moment he entered hospital. He obviously developed sort of complications, medical complications while he was at the war memorial. There is clear, that are recorded in the notes, that discussions have taken place with Mrs

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PACKMAN about her husband's condition and prognosis. I don't know for sure what was actually said in these discussions but I can't be there in the hospital every second of the day, I have to take some things on trust and there's several references to discussions with Mrs PACKMAN about her husband's condition and the management of it and I have to take that in trust. And that would be one of the factors that would influence my decision on the 1st of September that Mr PACKMAN should be for palliative care.

DC YATES

There's one final question I think will be (inaudible). Having read the notes now and in hindsight, in fact a couple of questions, do you think that anything better could be done?

REID

Oh better documentation.

DC YATES

Better documentation for a start. Also having read all the documentation yourself, and I think you've probably formed the opinion on the 1st of September 1999, but what in your opinion did Mr PACKMAN die of?

REID

I think it's likely he died of Gastro-Intestinal bleed

DC YATES

I think it's more than likely isn't it he died of a GI bleed.

REID

I mean I can't exclude him having an MI too.

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DC YATES He may have had one yes but he was bleeding, he was bleeding significantly.

REID Yes.

DC YATES And you have said so yourself.

REID Yes.

DC YATES And there is evidence of that, there's evidence of that in the haemoglobin results, there's evidence in that in other things such as the tarry stools.

REID Yes.

DC YATES And so on. I don't see any evidence of myocardial infarction other than he was clammy and unwell and what have, which you also could have been ...

REID (Inaudible).

DC YATES ... which also could have been a GI bleed.

REID Yes.

DC YATES Not the pain in his throat maybe. All that if you were to write a certificate of death today what would you put as cause of death?

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REID Well I'd have put in Gastro-Intestinal bleeding.

DC YATES Yeah. But why has it been recorded as an MI?

REID No idea.

DC YATES A heart attack. I haven't got any more questions Geoff?

DC QUADE No.

DC YATES Right. How long have we got on that tape?

DC QUADE Half an hour.

DC YATES What I'm going to do I'm going to call an end to the interview as far as Geoffrey PACKMAN is concerned.

REID Yes.

DC YATES Okay. So I'm not going to turn the tapes off but as I ... I want to actually finish this interview before Geoff asks you some other things. So is there anything you wish to clarify about the interview with PACKMAN?

REID No I don't think so thank you.

DC YATES No. Is there anything you wish to add?

REID No.

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DC YATES Okay. At the end of the whole scenario I will give you a notice explaining what will happen to the tapes.

REID Yes.

DC YATES Alright, the time now is 1616 hours. We'll leave the tapes running because Geoff's going to speak to you now about the other patient.

DC QUADE Thanks Chris. Right Dr at the start of the day you made some comments about ...

REID Yes.

DC QUADE ... Enid SPURGIN didn't you. Can you just refresh us as to what you were getting the points you were getting over at the beginning of the day.

REID I think what it was was this if you like the big picture what this lady's prognosis for mobilising and returning home actually was.

DC QUADE Yeah.

REID And she was in hospital I think for a total of about 24 days, during most of that time she seemed to be in pain from her hip.

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DC QUADE

Are you including both hospitals there sorry to interrupt?

REID

Yes. Well when I saw her in Haslar she was in pain just on moving her leg in bed. And I wanted to be sure that I'd given you, if you like, the ... my sort of full thoughts about why I thought her prognosis for mobilising ... or remobilising getting back home was so poor. Most of I think we've covered in the earlier interview but I think the particular points that I wanted to emphasise were around if there were sort of either infection or if you like further damage in the hip. That the answer to or the possible ... the treatment options for that were things that could involve you know further discomfort and/or prolonged stay in bed and would be unlikely to restore this woman ... this lady to sort of full mobility.

DC QUADE

Okay. Have you finished there?

REID

Oh and the other thing was that there had also been a discussion with her nephew and to the effect that, I mean I haven't got the notes with me, that he felt that if his Aunt were not able to return home and she would have a very poor quality of life, that for her would be a very poor quality of life.

DC QUADE

Okay. And as I remember this morning you were ... were you a little bit more elaborate this morning because you were talking about the various things that could have been wrong with her.

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REID Yes and what the treatment options would have been.

DC QUADE And the treatment options were that she ... she would have had to have certainly gone back to surgery.

REID Hmm, mmm.

DC QUADE Yeah, for if it was to do with the actual hip replacements?

REID If there's a ... yeah. Or if there was an infection there.

DC QUADE Yeah you talked about two infections.

REID Well the superficial wound infection.

DC QUADE Superficial wound infection.

REID That's usually easily treated and ...

DC QUADE Yeah.

REID ... easily visible. But a deep infection inside the hip often involves taking out the metal work that's been put in with pelvic screw.

DC QUADE Yeah.

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REID And the orthopaedic surgeon then has to decide does he try and put anything else in its place or does he really just leave a sort ... I mean I can draw it on a bit of paper but essentially you know like the top of ... your femur are all straight bones ...

DC QUADE Yeah.

REID ... that neck and they have a ball on it.

DC QUADE Yeah.

REID So they basically take off at the neck and the ball and just let the top of the shaft go in to that joint. It's what's called a girdle style operation.

DC QUADE Yeah.

REID It results in huge leg shortening and the chances of mobilising if you're not mobilised in the first operation then obviously next to no. And the other option that the socket could have fractured. If that happens you've got to give that a chance to heal, the only way you can do that is by trying to pull the ball out of the socket by putting the patient in traction, which will be for 6 weeks minimum I would have thought, more like 3 months in bed, by which time this lady had lost sort of you know any possibility of getting back on her feet again.

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DC QUADE

Okay.

REID

So I just really wanted to make clear that I felt that all the pain that she was having was an extremely bad sign and I couldn't think of anything, which treatment shall we say or any condition which was easily treatable which would relieve the pain she was having and enable her to become more mobile and get back home.

DC QUADE

Right thank you. You've told us about operations for if it was fractured or ... when you talked about the ... the wound infection ...

REID

Yes.

DC QUADE

... deep wound infection, how would you have found out whether there was a deep wound infection?

REID

Well sometimes it shows in x-ray.

DC QUADE

Yeah.

REID

And sometimes it doesn't, it's just a clinical suspicion. One can do more sophisticated types of scan if ... but I mean the first port of call really would have been if this lady had had an x-ray done and ... then to have ask an orthopaedic surgeon to ... to see her. But you know the outlook would not have been good in terms of remobilising and getting back on her feet.

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DC QUADE Well I've got a copy of her file in front of me.

REID Hmm, mmm.

DC QUADE Yeah. If I ask you to have a look at it and I'll give you the page that's relevant to the clinical notes.

REID Yeah.

DC QUADE Yes. That's a copy of that page.

REID Hmm, mmm.

DC QUADE Where is what you've just told me and spoken enthusiastically about, where is that evidence on that page that they were possibilities for the pain ... the cause of the pain for Enid SPURGIN?

REID Well I mean the first step would have been an x-ray of her hip.

DC QUADE Okay. So there's a mention of a x-ray on the 7th of the 4th year?

REID Yeah.

DC QUADE Isn't there?

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REID Yes.

DC QUADE Where's the rest of the ... where's the follow up to that then?

REID Well I mean you told me that you'd sort of tried to find out what had happened to that x-ray and it did not seem to have you know been done. And then by the time I saw this lady you know 5 days later I felt that she was you know by then sort of terminally ill.

DC QUADE So that was on the ...

REID 12th.

DC QUADE ... on the 12th yeah, and she died the next day.

REID Yes.

DC QUADE Yes?

REID Yes.

DC QUADE She came into hospital on the 26th.

REID Yes.

DC QUADE Apparently according to the notes from Haslar under not a lot of pain paracetamol.

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REID According to the notes from Haslar.

DC QUADE Yeah.

REID But I mean I'd seen her in Haslar two days before and felt that ... and moving her leg just from side to side her in bed caused a lot of pain. So I find that ... I reckon that's what's been written but you know that was not my ...

DC QUADE We'll go back to the point then while we're talking about Enid SPURGIN again today. You've just given those scenarios about possible problems with her hip and her wound and yet there doesn't seem to be any evidence of either yourself or Dr BARTON properly investigating that.

REID Well I would dispute that in terms of the fact that an x-ray which I asked for to be done the first time I saw her ...

DC QUADE Yes.

REID ... is the right way to go about that.

DC QUADE Okay.

REID We discussed before whether it might have been more timely to have done that at an earlier stage ...

DC QUADE Yeah.

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REID ... and agreed that it might have been, I can't say because I didn't see the patient during that stage.

DC QUADE You only saw the patient on the 7th of the 4th?

REID That's right.

DC QUADE Okay. And you asked for the x-ray on the 7th of the 4th?

REID That's right.

DC QUADE Yes. But there doesn't seem to be any further ...

REID Well I think by the 12th of April I thought the patient was now terminally ill if you like, the further pursuing that had lost its relevance cause this lady was now terminally ill.

DC QUADE Okay. Is there any mention in the records did you have, I believe you had the Haslar records as well didn't you at the time?

REID Well ...

DC QUADE They were disclosed to you.

REID Oh yes yes yes.

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DC QUADE Yes. I haven't got them down here unfortunately at the moment. But is there any mention in the Haslar records about Mrs SPURGIN either being written up as not for 5 5 5 ...

REID No.

DC QUADE ... TLC ...

REID No.

DC QUADE ... or happy for the nurses to confirm death.

REID Not that I can recollect no.

DC QUADE No I don't think there is either. Is there any mention in this record here right that she's not for 5 5 5?

REID No.

DC QUADE Or that she's for TLC or that Dr BARTON thinks that she's happy for nurses to confirm death?

REID No.

DC QUADE No. So it's not until the 12th of April that you formed the opinion that she's terminally ill.

REID Yes.

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DC QUADE And that's why on the 12th of April that's your first opportunity to chase up the x-rays?

REID Yes.

DC QUADE And that's why you're saying you didn't chase up the x-rays?

REID That's right.

DC QUADE Yes. But what's stopping anybody else looking after that patient from chasing up the x-rays in between that time?

REID Nothing.

DC QUADE And you've already said haven't you that in hindsight perhaps you should have chased ... you should have asked for ... someone should have asked for those x-rays previously?

REID Possibly.

DC QUADE It couldn't have been you because you didn't see her till the 7th.

REID Yes.

DC QUADE Yeah. The first day you saw her ...

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REID Yes.

DC QUADE ... in your calls ...

REID Yeah.

DC QUADE ... is that you asked for the x-rays then?

REID Yes.

DC QUADE But nothing else written in those notes covering those points you made is there?

REID Yes ... no.

DC QUADE No. Okay. Do you want to ask any more questions about that Chris?

DC YATES No.

DC QUADE Do you want to say anything else about Enid SPURGIN Dr?

REID No.

DC YATES Okay thanks very much. Well the time is now 1627, is there anything you want to say about anything you've been spoken to today Dr?

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REID No thank you.

DC YATES You don't want to clarify anything?

REID No.

DC YATES No. You don't think we got anything mixed up or?

REID I don't think so.

DC QUADE No okay. Well we'll turn the machine off and we'll hand you a notice explaining what will happen to the tapes.

(Interview concluded).

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