

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: 11/07/2006
 Time commenced: 1335 Time concluded: 1410
 Duration of interview: 35 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
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DC QUADE This is interview is being tape recorded. My name is DC Geoff QUADE and my colleague is ...

DC YATES DC Chris YATES.

DC QUADE ... and we're interviewing Doctor Richard REID. Doctor could you give us your full name and date of birth please?

REID Yes Richard Ian REID, date of birth 12/05/51.

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DC QUADE Thank you and also present is Mr CHILDS who is Doctor REID's solicitor. Mr CHILDS could you introduce yourself please?

CHILDS Yes Will CHILDS from Radcliffes, Le Brasseur in London.

DC QUADE Thank you very much. This interview is being conducted in an interview room at Fareham Police Station in Hampshire. The time is now 1335 and the date is the 11th of July 2006. At the conclusion of the interview we'll give you a notice explaining what will happen to the tapes. I must remind you doctor that you're still entitled to free legal advice. Mr CHILDS is here as your legal advisor. Have you had enough time to consult with Mr CHILDS in private or would you like ...

REID Yes.

DC QUADE ... further time?

REID Yeah.

DC QUADE You're happy to go ahead?

REID Happy to go ahead.

DC QUADE If at any time you wish to stop the interview and take legal advice just say so and the interview will be stopped in order that you can do this.

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REID Thank you.

DC QUADE I would also like to point out that you have attended voluntarily.

REID Yes.

DC QUADE You're not under arrest and you've come here of your own free will. So if at any time you wish to leave you're free to do so. Do you understand that?

REID Mm, mm.

DC QUADE Yes now I understand from Mr CHILDS that he has a further appointment today ...

REID Yes.

DC QUADE ... and he can't stay here much longer and the indication is that you would prefer not to be carried on interviewed when he's not here, is that correct?

REID That's right, that's correct, yes.

DC QUADE So that would mean that we'll probably just do this one tape before Mr CHILDS has to go.

REID Okay, right okay.

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DC QUADE I remind you that you're under caution ...

REID Yes.

DC QUADE ... you do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court. Anything you do say may be given in evidence. You understand that caution?

REID Yes.

DC QUADE Yeah and do you want me to explain ...

REID No thank you.

DC QUADE ... I will just very, very briefly just explain that if you fail to answer any questions today and if you were charged with something and you do go to court and you come out with an explanation in court in answer to those questions, they might think why didn't he tell the officer that at the time.

REID At the time, yeah I understand that.

DC QUADE Yeah, they might draw an inference but you have got the right to remain silent.

REID Yes.

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DC QUADE You don't have to answer our questions, yeah?

REID Okay.

DC QUADE This room is being monitored, DI GROCOTT is the detective that's monitoring that at the moment and that's to help us carry out any enquiries expeditiously. DC YATES will be taking some notes. I've explained to you the purpose of the interviews this morning ...

REID Yes.

DC QUADE ... regarding the operation into ...

REID Yes.

DC QUADE ... investigations into the unlawful killings of a number of patients and the allegations of unlawful killings.

REID Yes.

DC QUADE To carry on then doctor, before we start is there anything you want to say about anything that happened this morning? Anything you want to clarify or ...

REID Well no just maybe clarification for you cos you I was a bit thrown by this two nurses ...

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DC QUADE

... yes.

REID

... (inaudible) the doctor and what you were getting at and I mean what we know from sort of evidence is that in fact nurses are actually far better at carrying out processes and sticking to protocols and guidelines than doctors are and if you want to do things safely it's usually better to get nurses to do it than doctors to do it, cos when, what you were saying was well because a doctor made a mistake therefore a nurse would be more likely to make a mistake about that but I think that's what you were asking me.

DC YATES

Well I'll just clarify what I was trying to say. It's not so much the nurse would make a mistake it's you have, I believe, when there's such a range in prescribing as in this case 20 to 200 ...

REID

Yeah.

DC YATES

... from the enquiries we've made etc that appears as thought it's too large a range ...

REID

Yes.

DC YATES

... and it's giving too much responsibility on the nurses to decide where ...

REID

Right.

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DC YATES ... within that range the dose should start.

REID Yes but I mean we would, there would always be an expectation with any variable dose prescription no matter what it was that the nurses would start with the lowest dose that's made very clear.

DC YATES But why would a, such a large dose range be prescribed?

REID As I said before the explanation I received from Doctor BARTON was so that patients didn't suffer if she wasn't immediately available.

DC YATES But it's almost saying and this is something we'll cover later, but it's almost saying that and it's really taking it down to basics if a prescription is made, a variable prescription is made ...

REID Yes.

DC YATES .. the larger the dose, the less the doctors got to go in. The larger the range the less the doctor needs to attend.

REID Yes.

DC YATES And that's not what it's all about doctor is it?

REID Sorry?

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DC YATES And that's not what it's all about?

REID No, no.

DC YATES So the fact that I might not be able to attend, I may not be able to be, got hold of etc and it doesn't wash cos her job description says exactly, does it not ...

REID Yeah I understand ...

DC YATES ... to provide 24 hour medical cover.

REID ... I understand now where, I understand now where you're coming from.

DC YATES Okay.

REID Thank you.

DC QUADE Well the next section is actually administration of drugs ...

DC YATES Yeah.

DC QUADE ... anyway so it fits in with it and again we've discussed this before haven't we but we'll go through it very quickly. Who administers the prescribed drugs?

REID Nursing staff.

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DC QUADE Nursing staff yeah and when can they administer drugs, after a doctor has prescribed them obviously?

REID Yes and I, you would normally expect it well for regular prescriptions at the prescribed times and as for as required prescriptions when they deemed it was necessary.

DC QUADE Necessary, mm, mm yeah and they can actually administer a drug where they haven't got a written prescription via the ...

REID Yes by the verbal orders policy.

DC QUADE ... and these are the guidelines, they're following guidelines for this aren't they?

REID Yes. Yes.

DC QUADE And we discussed the safeguards in place to prevent overdosing and we've just been through that again.

REID Yeah.

DC QUADE And what you're saying is that, you're saying that the nurses have, they use their experience. Is it only a particular nurse that can, we talk about these two nurses, does one of them have to be a senior nurse?

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REID As far as I'm aware the regulations state that it's two qualified nurses.

DC QUADE So could any level of nurse administer a controlled drug then?

REID Any qualified nurse.

DC QUADE Yeah and the drug registers we talked about the purpose of those, no we haven't talked about the purpose of those but what do you see the purpose of the drug register is?

REID Well to ensure that there's no sort of misappropriation of the prescribed controlled drugs.

DC QUADE Do you know what gets recorded in the register?
(Inaudible).

REID In terms of drugs?

DC QUADE Yes.

REID Well I mean I, well it's all controlled drugs. Diamorphine, Oramorph, MST's, I mean there's one or two that I'm not, I'm less clear of, I'm not sure whether Fentinols a controlled drug or not, I'd have to go and look that up but in broad terms yes.

DC YATES So they have to, they have to record their withdrawal?

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REID Yeah they have to look at the stock, well they have to consult the book to see what the last stock reading was of the particular drug they're about to administer but they then remove such a item of stock, they needed to for that prescription and if they use two ampoules of Diamorphine, there's been 30 in stock, they will cross out 30 and write 28.

DC YATES And what happens if, wastage is probably the wrong word but for an example if you wanted 30 milligrams and there was only two 20 milligrams vials ...

REID (Inaudible) I'm not sure what they do, I know there's specific procedures relating to controlled drugs so I mean I'm, yeah I certainly there would have to be the two, I mean it's a question of having two nurses available again when you're disposing of something that isn't used.

DC QUADE And that again ...

REID It's a safeguard.

DC QUADE ... yeah. In this case doctor on page, on the prescription pages, page 123 ...

REID I think (inaudible).

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DC QUADE ... in actual fact it's the first prescription. The prescription for Oramorph dated the 26th ...

REID Yeah is that the PRN one?

DC QUADE ... that's right.

REID Yeah.

DC QUADE Yeah. Can you just explain to us, you just need to cover it ...

REID Yeah.

DC QUADE ... explain why drugs get prescribed but not administered in, particularly in this case with this one? Until, this was prescribed on the 26th and ...

REID Well yeah cos you anticipate the patient might be experiencing pain which was not, which the other prescribed drug which, yeah which other prescribed, it's for use when the regular medication don't seem to be relieving symptoms.

DC QUADE Yeah so it's a pain, it's for, in this case it's pain is breaking through ...

REID Yes.

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DC QUADE ... faster and top up is needed?

REID Yes that's correct.

DC QUADE Yeah.

REID Yeah.

DC QUADE And how many times was this used in that circumstance?

REID Well it looks like that's twice.

DC QUADE Twice?

REID Yes.

DC QUADE Yeah, okay, thanks. The next section doctor is syringe drivers and we talked about syringe drivers in the last ...

REID Yes.

DC QUADE ... interview ...

REID Yeah.

DC QUADE ... and we showed you a copy of CSY/HF/8.

REID Picture of a syringe driver.

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DC QUADE That's right, yeah and you agreed didn't you that that was ...

REID Well that was ...

DC QUADE ... that was the type?

REID ... yeah.

DC QUADE Yeah and how did Mrs SPURGIN fit in for patients that are suitable for syringe drivers?

REID Well syringe drivers are usually used either because patients can't take medication by mouth and for whatever reason or where they're having say repeated injections and to avoid the discomfort of repeated injections it was a single injection, same place and up to several days. So it's more comfortable for patients.

DC QUADE Okay and, and in your view she was a suitable patient to receive medication via the syringe driver?

REID Um, from the nursing records around the time the syringe driver started there was a sort of clear indication that this lady was becoming sort of increasingly distressed and uncomfortable and refers to be, drowsy at times but then agitated and distressed at other times and that to me would seem an appropriate indication to commence a syringe driver.

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DC QUADE Okay and who would have explained to the, whose responsibility to explain to the patient and the family, all the family regarding the syringe drivers?

REID Well the patient may not be in a position to agree to this and I think, I'm looking at the notes here that was probably the case so the issue wouldn't arise but I would either the doctor or the nursing staffs responsibility but clearly a professional member of staff and I think you have to bear in mind, you know Doctor BARTON wasn't always available and in that situation if relatives appeared and wanted to speak then I would expect the nursing staff to discuss that with them and for the nursing staff to have the opportunity if relatives had any concerns about that to speak to Doctor BARTON or myself and or any of the doctors from the practise if they happened to be there, the covering doctors. So either the medical staff or the nursing staff.

DC QUADE And we know don't we that one of Doctor BARTON's roles was liaison with the family?

REID Yes.

DC QUADE Yeah who informed the family on this occasion about the syringe driver, do you know?

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REID No I mean, I'm not sure whether it's in the nursing records or not but I mean I would think in many circumstances given the fact that Doctor BARTON wasn't available on the premises it would be nursing staff who would do that.

DC QUADE We've discussed that, you agree that there should have been a record on the medical records?

REID Yes.

DC QUADE Yeah and it was Doctor BARTON that deemed that it necessary to commence a syringe driver or to prescribe a syringe driver ...

REID That would be my assumption.

DC QUADE ... yeah, she did the prescription didn't she, she signed it?

REID Yeah.

DC QUADE Would you agree that the syringe driver is a significant factor in the care of a patient?

REID I'm not, ...

DC QUADE A significant event?

REID ... yes I mean for people who have been you know regularly receiving small doses then it's a step, I mean I

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wouldn't look at it as having a hugely significant event, it's just a sort of step up.

DC QUADE Yeah. From, going through the notes it seems that Mrs SPURGIN was still taking oral medicine at this stage.

REID Right she was still taking Lactulose on the 10th and she was taking oral MST on the 11th and oral antibiotics on the 11th and the syringe driver was commenced on the, was it the 12th?

DC QUADE It was the 12th yeah.

REID Yeah now I think you have to go back, I think in the nursing records, um, on the 11th it says pain on movement. On the 11th it says 'Enid very drowsy and irritable'.

DC QUADE Yeah.

REID And so in view of that and I can't see anything recorded for the 12th it may well have been that that, how was it described, drowsiness and irritability was continuing and at that time it was appropriate to use a syringe driver.

DC QUADE Because she took her Oramorph at seven fifteen (0715) that morning.

REID On the 12th?

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DC QUADE On the 11th.

REID No I'm talking about, it says in the nursing record ...

DC QUADE (Inaudible) ...

REID ... on the 11th, ...

DC QUADE ... she took Oramorph on the 11th, yeah and she had other oral medication on the 11th didn't she, you said?

REID ... yes she had Lactulose.

DC QUADE Yeah. Yeah.

REID But there's also reference to the fact that she was drowsy on the 11th and irritable and without seeing something from the 12th ...

DC QUADE Yeah.

REID ... it's difficult to comment.

DC YATES On the back sheet, back page of the prescription sheet where nurses record if medication hasn't been taken and reasons.

REID Mm, mm.

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DC YATES Was there anything recorded on there to say that she hasn't been taking her medication?

REID Which page are we at?

DC QUADE What is Senna doctor, did you explain what Senna was?

REID It's a laxative.

DC QUADE How do you take that then?

REID By mouth.

DC QUADE Because she took Senna at 2200, no perhaps she didn't because there's a cross on that, so that's showing she didn't take it isn't it?

REID Which page are you on?

DC QUADE That's page 134.

REID Yeah there's two crosses on the 11th and the 12th.

DC QUADE Yeah and she'd been taking oral medicines up to 2200.

REID She'd been taken up to, it looks as though she's been taking oral medicines up to eleven o'clock (2300) in the evening of the 11th.

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DC QUADE Of the 11th, yeah. Would you expect to have seen something written down as to why she could no longer take oral medicine?

REID Yes it would've been good practice to have recorded why the syringe driver was started.

DC QUADE Yeah?

REID Yes.

DC QUADE And if I was to go to page 98 which is a nutrition assessment page, ...

REID Yes.

DC QUADE ... and there is only one entry on that isn't there and that's for the 26th?

REID Mm, mm.

DC QUADE Ability to eat, zero equals independent, so she was eating then obviously?

REID Yeah.

DC QUADE And then there's nothing else after that is there?

REID No.

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DC QUADE That would have been helpful for us as well wouldn't it?

REID It would have been.

DC QUADE If that had been correctly filled out?

REID Yes.

DC QUADE On the 10th of April there's a Bartel page, which is page 94
...

REID Yes

DC QUADE ... and that tells us doctor doesn't it that she was continent
on the 29th of March and the 10th of April?

REID Yes.

DC QUADE Occasional accident on the 29th, no accidents, oh no
incontinent on the 10th yeah?

REID Yeah.

DC QUADE And then feeding, that's marked up as independent.

REID On the 10th.

DC QUADE Yeah on the 10th of April.

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REID

Yeah.

DC QUADE

And for bathing it's marked up as dependent. Unable on stairs. Dependent for dressing. Not mobile and she needs major help for transferring but it shows you that she's feeding on the 10th of April doesn't it?

REID

Mm, mm.

DC QUADE

Poor appetite on the 10th as well it's marked up. But it does show that she was eating doctor doesn't it on the 10th?

REID

Yes but the syringe driver is started on the 12th.

DC QUADE

Yeah I know, I know but I'm just, just going back in time showing where we can go back with these records ...

REID

Right, okay.

DC QUADE

... and we're illustrating how poor the records are.

REID

Right, okay.

DC QUADE

And it seems to be from a doctors view and from a nursing point of view as well doesn't it?

REID

Yes it does.

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DC QUADE Yeah although some of the nurses did quite a lot of writing in there.

REID Well it seems sort of variable doesn't it?

DC QUADE Yeah. Yeah. Did Sister HAMBLIN prescribe any drugs for this patient, she didn't did she?

REID No the nurses can't prescribe.

DC QUADE Well the can't, couldn't then you're saying but they can now we've established haven't we?

REID Yes some nurses can.

DC QUADE Did she have any input in drug prescription at the time?

REID What Sister HAMBLIN?

DC QUADE Yeah.

REID Well not that I'm aware of.

DC QUADE No. Do you want to ask any questions on that bit Chris, about syringe drivers?

DC YATES No.

DC QUADE No.

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DC YATES (Inaudible).

DC QUADE Think we'll do this one, here it is. We can't be specific doctor can we as to why Oramorph was prescribed?

REID No. There's no, well there's no specific reference to pain.

DC QUADE It's ...

REID By inference.

DC QUADE ...yeah, it's recorded as to when it was administered but, and obviously the why is because a doctor had prescribed it but we don't know why it was prescribed specifically do we?

REID No, not a specific indication, it's not mentioned in the notes.

DC QUADE And you're unable at this point to say why Oramorph was prescribed and not something below that at this stage

REID No I'm not able to say why.

DC QUADE Regarding the Oramorph Mrs SPURGIN was, I think was she, originally prescribed 30 milligrams over the 24 hour period wasn't she, initially?

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- REID Which period are you talking about, sorry? Which 24 hour period?
- DC QUADE Yeah sorry what was she originally prescribed in total doctor on the ...twenty
- REID On the 26th?
- DC QUADE ... on the 26th, yeah.
- REID Yeah well the prescription here is for 10 milligrams, four times, well no sorry beg your pardon it's for 5 milligrams, four times a day.
- DC QUADE Yeah that's 20 and then you had the PRN dose which was ...
- REID Yes.
- DC QUADE ... it was ten wasn't it?
- REID It was two point, no again it's 5 milligrams again.
- DC QUADE Right, okay yeah.
- REID Yeah it's written up as 5, 5 this is where the confu..., it's 5 milli, so 10 milligrams are 5mls, so it's 5 to 10 milligrams, it's written up as.

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DC QUADE So that's a total of 30 milligrams isn't it for the 24 hour period? Is that right?

REID Not quite because what's written up as, are you talking about the as required prescription?

DC QUADE Yeah well her total ..

REID Yeah but it could've been prescribed every four hours ...

DC QUADE ... right, yeah.

REID ... so she could've got, let's say at a maximum 60 milligrams on that prescription plus 20 milligrams being given regularly if you like.

DC QUADE Ohe right, yeah.

REID Okay.

DC QUADE And the next day, what happened the next day the 27th? There was an increase in the dose wasn't there?

REID There was an increase in the dose to 10 milligrams, four times a day.

DC QUADE Yeah.

REID And the as required remained the same.

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DC QUADE So if you go to page 85.

REID 85 did you say?

DC QUADE Yeah. It's the nursing care plan.

REID Yes.

DC QUADE It's quite clear that that was causing her vomiting wasn't it, the Oramorph?

REID What date is this? What's the date of the, that entry?

DC QUADE 28th of the third.

REID Yeah. Yeah.

DC QUADE And consequently the Oramorph was stopped wasn't it?

REID Yeah. Yes.

DC QUADE Yeah.

REID Yes it was, yeah stopped on the 28th, yeah.

DC QUADE Well Doctor BARTON had already considered when she came in on the 26th that she was in so much pain ...

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REID Yeah.

DC QUADE ... that she required regular Morphine didn't she?

REID Yes.

DC QUADE Yeah and her answer to her sickness is to take the
Morphine away from her, isn't it?

REID Yes, well in, yeah okay.

DC QUADE Yeah?

REID Yeah and replace it with Codydromol.

DC QUADE She did which is a less strong drug isn't it?

REID Yes.

DC QUADE Yeah. If she was in so much pain that she needed that
Morphine originally, which is what Doctor BARTON had
said, yes and you don't disagree with her at this stage in
time. Why didn't she consider a regular antiemetic to go
with the Oramorph then?REID You'll have to ask, well it's written here, 'Is now having
Metaclopramide ...', this is page 84, '... three times a day'.

DC QUADE Yeah.

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- REID So ...
- DC QUADE Yeah.
- REID ... one presumes that she was continuing to be sick despite have the Metaclopromide.
- DC QUADE But do you see the point I'm making or trying to establish about that?
- REID Yeah well, yes I see what you're trying to make but I mean it's well recognised that opiates and opiate like drugs, from Codeine upwards ...
- DC QUADE Yeah.
- REID ... cause vomiting.
- DC QUADE Yes.
- REID So we've had Oramorph which has caused the vomiting and Morphine so I don't think it was unreasonable to reduce the, if you like, the strength of the analgesic that was being prescribed to see if a lesser dose would control the pain and at the same time stop Mrs SPURGIN vomiting. So it's making, trying to keep a balance to ...
- DC QUADE I could see that.

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REID ... yes.

DC QUADE I could see that but that doesn't really make sense does it because ...

REID I'm ...

DC QUADE ... because ...

REID ... she needs ...

DC QUADE ... the Oramorph had been increased in strength hadn't it, from the 26th and then on the 27th?

REID ... yes I mean alternative ...

DC QUADE She'd increased the Oramorph.

REID ... she could've reduced the dose of Oramorph.

DC QUADE But she didn't she increased the Oramorph because it wasn't controlling the pain presumably.

REID Yeah the vomiting started on the increased dose of Oramorph, I mean the alternatives to me would seem to be you either reduce the dose of Oramorph again or you switch to a, you know one of the sort of less strong opioids ...

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DC QUADE Yeah.

REID ... in other words Codydramol ...

DC QUADE Yeah.

REID ... which has got Codeine in it.

DC QUADE Yeah.

REID The risk of doing that is you get break through pain.

DC QUADE Yeah. So why didn't she carry on, couldn't she have
prescribed the antiemetic with ...

REID Yeah it was.

DC QUADE ... with the Oramorph?

REID Yes but she was getting it with the Oramorph.

DC QUADE Was she?

REID Well I think, let's see, no you're quite right the Oramorph
was stopped and then the Metaclopramide was started.

DC QUADE Yes.

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REID But I don't think that's an unreasonable decision to make.

DC QUADE Isn't it?

REID No if the pain was well controlled then say well let's see if we can do with a bit less and what with giving, you know in terms of giving Codydromol and that might stop her being sick.

DC QUADE Well I can, as I say I can understand that doctor but, but the, if that had been the original dosage of the Oramorph I could understand that but it wasn't the original dosage because she'd increased the original dose.

REID Yes.

DC QUADE By two fold I think wasn't it?

REID Yes.

DC QUADE Yeah.

REID Yeah.

DC QUADE She'd increased the original Oramorph to two fold it because that's what she considered she needed ...

REID Yes.

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DC QUADE ... for the pain relief and then the next day because she's being sick with it she stops it and then introduces a lesser, a lesser analgesic. So the strength of Codydromol that she was, that she was prescribing then, how does that compare with the original Oramorph that she was receiving then?

REID Without going to the book I couldn't, I couldn't tell you off the top of my head how much Codeine is in Codydromol and what the equivalent dose of Oramorph is.

DC QUADE But is that something that you follow, that you would've done yourself then, as Doctor BARTON has done?

REID I think, well if someone was feeling just a bit sick then I think what I would do would've been to have given them the antiemetic, the Metaclopramide. If someone like say was vomiting rings around themselves I would've stopped the Oramorph. So I think it would depend on how much the patient, how sick the patient actually was.

DC QUADE Any questions Chris?

DC YATES No.

REID Have I made that clear?

DC YATES I think so, yeah.

DC QUADE I think so.

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REID	Yeah?
DC QUADE	Yeah.
DC YATES	It's 35 minutes.
DC QUADE	Yeah.
DC YATES	(Inaudible).
DC QUADE	Well we'll, because of Mr CHILDS' commitments I think we'll have to stop this here now, yeah.
REID	Yeah.
DC QUADE	The time by my watch is 1410 and I'm turning the machine off.