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RECORD OF INTERVIEW

Number: Y25M

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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: 14/07/2006

Time commenced: 0912 Time concluded: 0955

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 QUADE This interview is being tape recorded. I am DC1162 Geoff QUADE and my colleague is ...

DC YATES DC2479 Chris YATES.

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

REID Yes it's Richard Ian REID and my date of birth is 12/05/1951.

DC QUADE Thanks very much and also present is Mr CHILDS who is

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Mr REID's solicitor. Could you introduce yourself please Mr CHILDS?

CHILDS

This is Will CHILDS from Radcliffes Le Brasseur in London.

DC QUADE

Thanks very much. This interview is being conducted in an interview room at Fareham Police Station in Hampshire. The time is now 0912 and the date is the 14th of July 2006. At the conclusion of the interviews 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 prior to this interview?

REID

Yes thank you.

DC QUADE

You don't want any further time to consult with him?

REID

No thank you.

DC QUADE

Okay if at any time you wish to stop the interview and take legal advice just say so and that will be arranged okay?

REID

Thank you.

DC QUADE

On a similar point you have attended voluntarily.

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REID Yes.

DC QUADE Which means you're not under arrest and you've come here
of your own free will.

REID Yes.

DC QUADE And so you're entitled to leave of your own free will.

REID Yes.

DC QUADE So if at any time you feel, don't want to be interviewed any
more, you are free to go. Do you understand that?

REID Yes.

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

REID Yes.

DC QUADE Do you understand the caution Doctor?

REID Yes.

DC QUADE Yeah?

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REID Yes.

DC QUADE And just for our benefit in layman's terms it means that you've got a right to stay silent, you don't have to answer our questions if you don't want to. However if you went down that road for instance and we ask you a question, you don't give us an answer, when you go to, if it goes to court when you appear there in court and you may give an answer to that question then the jury or the judge may draw an inference from it okay. This room is capable of being remotely monitored and the red light is on so that means that it is being monitored and DS STEPHENSON is monitoring the interviews today.

REID Okay.

DC QUADE As before DC YATES will be taking some notes during the interview. I will remind you this is an interview as part of Operation Rochester. This investigation is being conducted by Hampshire Constabulary and started in September of 2002. It's an investigation into allegations of the unlawful killing of a number of patients at the Gosport War Memorial Hospital between 1990 and 2000. No decisions have yet been made as to whether an offence or any offences have been committed but it's important to be aware from your point of view the offence range being investigated runs from potential murder right the way down to assault.

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REID Yes.

DC QUADE Okay and the reason we're interviewing you is because you were the Consultant Geriatrician or one of the Consultant Geriatricians for the Gosport War Memorial Hospital ...

REID Yes.

DC QUADE ... during part of the times of these deaths. So your knowledge and working of the hospital and the care and treatment of the patients is very central to our enquiries, okay and today, as last time, we're concentrating solely on the patient Enid SPURGIN, okay?

REID Mm.

DC QUADE Doctor I just wanted to clear something up from the last interview where we picked up, we were talking about Oramorph in the last interview.

REID Yes.

DC QUADE Do you recall? and we went through the prescription sheets.

REID Yes.

DC QUADE Yeah, and I just felt afterwards that there was little bit of confusion there.

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REID Right.

DC QUADE Okay can you just clarify, if you want to you can refer to the sheets. Just an issue I wanted to tidy up ...

REID Yeah.

DC QUADE ... was the fact that although she had been prescribed a certain amount of Oramorph that could be administered to her during a day, during a 24 hour period, she was actually receiving 40 milligrams of Oramorph.

REID Right, I need to look. This was right at the start was it?

DC QUADE Yeah.

REID Right this is on the 26th, sorry?

DC QUADE Yes, sorry yes carry on, sorry doctor, sorry.

REID This is on the 26th of ...

DC QUADE Yeah.

REID ... yeah.

DC QUADE Yeah but if you go to the 11th of April ...

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REID Right, okay.

DC QUADE ... and can you confirm for me that you read that as being that she received 40 milligrams of Oramorph during that day, that 24 hour period?

REID The 11th of April?

DC QUADE Yeah. So in other words this was before she commenced ...

REID Her syringe driver.

DC QUADE ... the syringe driver, yeah.

REID She didn't get, oh she didn't get any Oramorph, it was, she was on MST tablets at that time.

DC QUADE On another form of Morphine?

REID Yeah she was on Morphine tablets.

DC QUADE Yeah. Yeah.

REID Yeah. On the 11th of April she got, well I, there's a sort of, unfortunately there's a sort of punch hole through here so I think it's 20 milligrams twice a day. I think it's 40.

DC QUADE Perhaps you'd like to look, that's the original document

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there.

REID No that's not the page ...

DC YATES Not that one.

REID ... it's 13, I've got it down as 134.

DC QUADE (Inaudible) there you go.

REID Okay, thank you. Yeah that looks like 40 milligrams in total.

DC QUADE So in total she received ...

REID Yes.

DC QUADE ... and it's an oral medicine isn't it?

REID Yes it is yeah.

DC QUADE Yeah. Yeah. Thanks for that. It's just that I was thinking about it afterwards and I just wanted to clear that up. Which we have. Doctor as before we're going to be in topic areas again.

REID Okay.

DC QUADE And the last topic area was Oramorph ...

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REID Yes.

DC QUADE ... and it won't probably surprise you to find out that the next topic area is going to be Midazolam.

REID Right.

DC QUADE You've already explained that Midazolam is a sedative isn't it?

REID Yes.

DC QUADE Yeah and why is it used?

REID Well it's frequently used in patients who are terminally ill, who are very distressed and where you think that the distress is mental stress. You know it's not physical it's not pain, it's their agitated for whatever reason.

DC QUADE Okay and are you able to tell me why it was used in relation to Mrs SPURGIN?

DC YATES It was prescribed on the 12th of April if that helps you.

REID Yes, I can't tell you from the medical notes but from the nursing records I think on the 11th of April there's a note to the effect that Mrs SPURGIN was apparently, I think it was sedated and agitated or, it was irritable I think the

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expression was used. If someone is irritable, that's potentially an indication for receiving a sedative like Midazolam.

DC QUADE And you're, you're saying that's from the nursing records?

REID Yes I mean you could also say ...

DC QUADE Sorry, yeah.

REID ... well I mean from my own record on the 7th of April I've noted that this lady was in a lot of pain and very apprehensive and I prescribed a sort of tranquiliser, an oral tranquiliser at that time. So that suggests that sort of anxiety and distress were part of a feature of Mrs SPURGIN's illness.

DC QUADE So the drug that you prescribed on the 7th then, which was?

REID Flupenthixol.

DC QUADE Flupenthixol where does that appear in the prescription charts doctor?

REID Well I don't see it, (inaudible) ...

DC QUADE That's actually why I asked.

REID ... haven't realised ...

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DC QUADE Yeah.

REID ... no I don't recollect seeing it.

DC QUADE No I haven't seen it.

REID No.

DC QUADE That was a question I had for you today so I thank you for bringing it up already.

REID Sorry?

DC QUADE It was a question I had for you today but you've brought it up already.

REID Yeah I mean I can't think why that's happened. I mean usually, I mean if Dr BARTON was there on the ward round she would often write the drugs up but if I was, if it was left to me, if it was only me doing it then I would usually write it up myself and I can't think why that hasn't been written up.

DC QUADE And that was on the 7th?

REID Yes.

DC QUADE And was Dr BARTON with you on that day?

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REID Well I can't recollect but I think from what you've told me it was actually a Wednesday and Dr BARTON usually came alternate Monday afternoons. I mean I can't say whether she was there or whether she wasn't there. I can't remember.

DC QUADE And, if you bear with me for a moment. But it's definitely not on the drugs chart is it?

REID No it's not.

DC QUADE And it was the same day wasn't it that you asked for the x-ray?

REID Yes, yes it was.

DC QUADE And Flupenthixol what, is that a similar drug to Midazolam then?

REID It's a different class of drug but both tend to be used to, on patients who are agitated or distressed. I mean Flupenthixol would be, Midazolam is usually used in a situation of terminal care. Flupenthixol is what you would use in sort of everyday practise.

DC QUADE So if a patient was showing the same symptoms as Mrs SPURGIN then, in your view she wasn't terminally ill ...

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REID Oh I haven't, I haven't said that.

DC QUADE ... no, no, no bit if a patient was showing the same symptoms of this anxiety and distress ...

REID Yeah.

DC QUADE ... yeah, and she's not terminally ill would you prescribe Flupenthixol before you prescribed Midazolam?

REID Oh yes, yes, yes.

DC QUADE Yeah.

REID Yes.

DC YATES Am I right in thinking that in this case Mrs SPURGIN couldn't have received Flupenthixol...

REID That's right.

DC YATES ... because it's not on the prescription sheet?

REID Yes.

DC YATES So she obviously hasn't received that?

REID She hasn't received that.

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DC QUADE No I can clear this up now doctor, if we go to, can you go to page 8 of your record, because the prescription sheets have appeared at the front as well as the back.

REID Oh right yes there is. Oh yes she did get it.

DC QUADE Yeah. So as you said you prescribed it on the 7th, didn't you?

REID Yeah. Yeah.

DC QUADE And we can probably see there that you would've seen her in the morning presumably because she received a dose at twelve o'clock (1200) on the 7th.

REID Yeah I must've seen her in the morning, yes.

DC QUADE Yeah. Yeah and then she received that as prescribed at eight o'clock (0800) in the morning and twelve o'clock (1200) at midday ...

REID Yeah.

DC QUADE ... up until the 11th of April.

REID Yes.

DC QUADE Yeah. So the records don't help us to actually show why Midazolam was then used does it?

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REID Well there's nothing in the medical record to support its use but from the nursing record it says that Mrs SPURGIN was, I think the phrase used was, irritable at times, drowsy and irritable.

DC QUADE Okay.

REID Now she's drowsy that raises the issue of whether she's, will be able to take oral medication and in these circumstances you know the use of a syringe driver if the nursing record is correct and reflects how Mrs SPURGIN was then, the use of a syringe driver may well have been appropriate at that time.

DC QUADE Okay and Flupenthixol would then be stopped because it can't be used in a syringe driver or ...

REID Yes.

DC QUADE ... yeah?

REID Yes I'm not, I don't think there's a preparation available to give via syringe driver, I mean I'd have to look at the ...

DC QUADE Yeah.

REID ... the BNF to see, but I'm pretty certain it's not available as a, for infusion.

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DC QUADE There is the BNF for you.

REID Thank you. It just says tablets.

DC QUADE I think there is ...

REID 103, there is another section here.

DC QUADE ...yeah.

REID Oh yes, that's um, it's what's called a depot injection and it's used in the treatment of patients with schizophrenia or some serious mental illness and the effects that last for a couple of weeks. It's, you know it means that patients who are perhaps say poorly compliant with the medication such as, you know some patients with a mental health problem. They attend and have their injection regularly that sort of keeps their symptoms under control.

DC QUADE Mm, mm.

REID But to the best of my knowledge that can't be used in a syringe driver.

DC QUADE I think if you, there is that section on ...

REID Drug use.

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DC QUADE ... palliative care at the beginning of that book ...

REID Yeah, yes there is.

DC QUADE ... and I think it does list drugs that can be used in a syringe driver.

REID (Inaudible).

DC QUADE I'm not sure, I don't know.

REID I'm pretty certain it can't be used in a syringe driver.

DC QUADE Okay.

REID I've never ever, never ever heard of it being used in a syringe driver or seen it.

DC QUADE Okay are there any other drugs that could be used as well as the Miazepam and have the same effects?

REID Well there's ...

DC QUADE In this case for Mrs SPURGIN?

REID ... I mean if someone's getting drowsy then it would have to be administered by injection. So there's things like, you know Diazepam, Miazepam which are other sedatives. So there are other drugs available but all would have to be, if

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someone's drowsy it would have to be given by injection.

DC QUADE

Okay and when we were talking just now about the ...

REID

Flupenthixol

DC QUADE

... Flupenthixol thank you, when we were talking about that just now and I was asking you to answer about a comparison about if a patient was showing those symptoms blah, blah, blah and wasn't terminally ill ...

REID

Yes.

DC QUADE

... you interrupted me and said "I'm not saying that", okay so what were you saying about Mrs SPURGIN's condition on the 7th of April?

REID

Oh right, I mean I think, I think it just reflects what I've said earlier that my, I think it's a really bad sign in a frail, elderly lady who's continuing to experience pain in her hip after an operation. My experience is these patients do badly. So while I'm not saying she was terminally ill at that stage I, I think I would have major reservations about how well this lady was likely to do, in other words, reservations about whether she'd ever get out of hospital.

DC QUADE

Okay. So when did you, we already discussed, you've already agreed or told us that Midazolam is often used in patients who are terminally ill.

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REID Yes.

DC QUADE When did you form the opinion that she was terminally ill then?

REID On the 12th.

DC QUADE On the 12th?

REID Yes.

DC QUADE Not before then?

REID I, I mean I can't recollect ...

DC QUADE Well the last time you saw her was on the 7th.

REID ... yeah it was on the 7th.

DC QUADE Yeah.

REID I mean I don't recollect thinking she was terminally ill but, in the sense that her life expectancy was a few days but I just don't, you know it's, I can't remember the patient but I was certainly obviously concerned about her.

DC QUADE So, hold on you're saying that when you saw her on the 7th
...

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REID Mm, mm.

DC QUADE ... your opinion was that her life expectancy was only a few days?

REID No I don't think I'm saying that.

DC QUADE Oh.

REID I, I think when I saw her on the 7th I was very, I was very concerned about how long this lady would, was likely to live. Let me rephrase that ...

DC QUADE Cos there's a fine line there isn't there between how long she's likely to live and terminally ill?

REID ...yes but ...

DC QUADE Try and express it to me because I'm a layman.

REID ... yeah.

DC QUADE So try and express it to me so I can understand the difference between you're saying that she hasn't got long to live and ...

REID Yeah I don't think I thought she, I think it, I mean I can't, it's very diff..., and I'm judging by the notes I've made ...

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DC QUADE ... absolutely.

REID ... so it's very difficult to tell. I think as I said I think that she hadn't long to live but I don't think that I thought she was going to die in the next few days but I just don't know.

DC YATES But you did mention something a little bit earlier, maybe this will help you a bit in that you said that you had serious reservations on the 7th that this lady would leave hospital.

REID Wouldn't leave hospital.

DC YATES And she doesn't leave.

REID I think I had reservations when I first saw her in Haslar that this was a lady who, that this did not look good. Certainly for regaining independence and getting home.

DC QUADE Okay so we'll look at it from a different angle now then. You don't think, you hadn't formed the opinion that she's terminally ill on the 7th?

REID Well certainly not definitely.

DC QUADE Yeah you say it's difficult because you can't remember the patient.

REID Yes.

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DC QUADE Yeah and you're just going on the notes?

REID Yeah.

DC QUADE What makes you confident to tell us and you told us the other day, as well as today, what makes you confident to tell us now that she was terminally ill on the 12th when you saw her again?

REID What makes me confident?

DC QUADE Yeah by looking at the notes. Cos you can't remember the patient but you're quite confident in telling me that she was terminally ill when you saw her on the 12th.

REID Well now very drowsy since Diamorphine infusion is established, I think that, you know in the terminal phases or peoples, in some peoples illness this picture of you know becoming alternately sort of drowsy and irritable, which has been described in the nursing notes, is often a sign that their death is very close.

DC QUADE But you're picking that up purely from what you're reading on that piece of paper in front of you? Not from memory obviously.

REID I think that, well, well I have a record in the nursing notes that this lady was becoming drowsy and irritable. That to

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me is a sign that often death is very close. The lady had been started on a syringe driver with Morphine. The whole course of events up until that time, that we had a lady who appeared to be in increasing pain and I'm you know I think by all of that, that I've seen from my notes and from the nursing records that would lead me to believe that at that time Mrs SPURGIN was, was terminally ill.

DC QUADE

Okay what we'll do Doctor, we'll probably come back to that in a moment. How does the Clinical Assistant, in this case Dr BARTON, know how much Midazolam to prescribe?

REID

Well I mean I would imagine she would look at the BNF.

DC QUADE

Okay because it, again for the sake of laymen the BNF is the bible for drugs isn't it?

REID

Yes.

DC QUADE

Yeah but that is what you must use?

REID

Yeah.

DC QUADE

Yeah, that's it's purpose which is why it's updated so regularly during the year, yeah?

REID

Yes.

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DC QUADE And every year and I think we've covered this from the notes again Dr BARTON has not recorded anything in those notes ...

REID No.

DC QUADE ... as to why Midazolam was being administered.

REID No, no.

DC QUADE Yeah.

REID No.

DC QUADE And so you aren't able now to say why she would administer, why she would prescribe Midazolam?

REID Well not from any record made by her.

DC QUADE No. How would you know, you came and saw her on the 12th ...

REID Mm, mm.

DC QUADE ... we'll talk about the Diamorphine in a moment that you reduced in dose, yeah?

REID Mm, mm.

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- DC QUADE How would you know whether the Midazolam was the correct dose, presumably you're agreeing that it was the correct dose, cos you haven't changed that have you?
- REID No I mean I'd have to go and look at the BNF, what the BNF said in 1999.
- DC QUADE Yeah and what would you be looking at in the BNF, what would it be telling you?
- REID It would be telling me what sort of dosage ranges were.
- DC QUADE But would you bear with me and look it up in that copy you've got in front of you doctor?
- REID Yeah.
- DC QUADE Tell me what it says now.
- REID It doesn't actually, I remember this now, it doesn't actually refer to the situation, well certainly in this section here, of giving Midazolam within a syringe driver. It's about using it for pre-medication prior to anaesthesia so there's no direct guidance in here about how to use it in a syringe driver. Now my recollection is now that, that Midazolam was commonly used in palliative care practice, there were palliative care formularies but the formularies were not based on what was in the BNF, as I remember. I think there's maybe something in the front of the BNF about

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using ...

DC QUADE

Yes there is.

REID

... Midazolam.

DC QUADE

Take your time but these are important questions so it's important that you take your time in answering them.

REID

Yeah and it says Midazolam is a sedative and is therefore very suitable for a restless patient as given in a subcutaneous infusion dose of 20 to 100 milligrams in 24 hours.

DC QUADE

And we see from the prescription that the range was 20 to 80 wasn't it?

REID

Yes, yes.

DC QUADE

So on those guidelines in there, within the range that they're, recommended if you like ...

REID

Yes, yes.

DC QUADE

... forgive me if it sounds we're repeating questions but this is a different drug to the one that we were talking about the other day but we're going back to the thorny subject of how the nurses know where to start within that range ...

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REID Mm, mm.

DC QUADE ... and would your answer be the same ...

REID Yes, I ...

DC QUADE ... as it was then?

REID ... yeah I would expect, always expect nurses to start at the lowest dose.

DC QUADE Okay and do you know what dose was started at in this case?

REID 20 milligrams.

DC QUADE It was started at 20. You say that you would expect that the nurses would start at 20 ...

REID Yes.

DC QUADE ... and we were talking about the same thing with Diamorphine weren't we?

REID Yes.

DC QUADE But Dr BARTON doesn't record that anywhere does she, her instructions to, to the nurses?

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REID Yes I mean I wouldn't have expected in any situation, the variable dose prescription that the nurses had to start at the lowest dose but that's the way it should be.

DC QUADE But there's no instructions to, how to increase the dose?

REID No there isn't.

DC QUADE Because it's interesting to compare the two of you because when you see the patient later on the same day ...

REID Yes.

DC QUADE ... you make your note ...

REID Yes.

DC QUADE ... to reduce the dose ...

REID Yes.

DC QUADE ... yes and it has been reduced ...

REID Yes.

DC QUADE ... and you make a note of that ...

REID Yes.

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DC QUADE ... but you also, if you recall ...

REID Yeah.

DC QUADE ... advise the nurses that they can increase up to 60 ...

REID Yes.

DC QUADE ... if necessary?

REID Yes.

DC QUADE Yeah?

REID Yes.

DC QUADE So you're actually telling the nurses how to increase the dose, aren't you?

REID Yes.

DC QUADE And you've written it down?

REID Yes.

DC QUADE And if you go to page 108 ...

REID Yes.

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DC QUADE ... and it's dated the 12th of April and it says 'Seen by Doctor REID, Diamorphine has been reduced ...

REID Yes.

DC QUADE ... to 40 milligrams over 24 hours ...

REID Yes.

DC QUADE ... if pain reoccurs the dose can be gradually increased as and when necessary'.

REID Well that doesn't reflect what I wrote.

DC QUADE It doesn't reflect what you wrote but it does reflect that you've told the nurse something.

REID Yes.

DC QUADE Or the nurses have followed an instruction from you doesn't it, you'd agree with that?

REID Yeah there's a clear written instruction.

DC QUADE Yeah and that's the same day that Dr BARTON has prescribed the Diamorphine in the first place ...

REID Yes.

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DC QUADE ... yes, which she prescribed some time between seven thirty (0730) and nine o'clock (0900) presumably.

REID Yes presumably.

DC QUADE And yet there's no written instruction, there's no ...

REID Yeah.

DC QUADE ... comparative ...

REID Yeah it would've been very helpful for Dr BARTON to have written some instructions.

DC QUADE ... do you see the point I'm making here though is that ...

REID Yes I see that.

DC QUADE ... if a nurse writes down something that you've told her ...

REID Yes.

DC QUADE ... why didn't that nurse write down something that the other doctor had told her?

REID I don't know, you mean, the inference being that she wasn't told?

DC QUADE Either that or the nurse is inconsistent.

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REID Right.

DC QUADE What is Diamorphine?

REID It's an opiate which is, it's an analgesic and it has sedative effects too.

DC QUADE And, so it's a pain killer?

REID Yes.

DC QUADE Yeah and is it one of the strongest painkillers?

REID Yes.

DC QUADE Yes and the strongest probably is it?

REID Sort of volume for volume yes.

DC QUADE And the difference between Diamorphine and Morphine is Diamorphine gets converted back to Morphine doesn't it when it's in the body or, without being too technical?

REID Diamorphine is, sorry did you, Diamorphine is the purer form did you say?

DC QUADE Well what I'm saying is when it enters the, when it's given to the patient ...

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REID Enters the bloodstream.

DC QUADE ... it reverts back to Morphine somehow doesn't it?

REID Yes I think, I mean I honestly, that's so ...

DC QUADE It's not important but it's just ...

REID ... I can't remember.

DC QUADE ... okay and why is it used?

REID Diamorphine?

DC QUADE Yeah.

REID Well it's used to control severe pain and it tends also to be used when patients can no longer take medication by, well when patients can no longer take oral Morphine.

DC QUADE Yeah.

REID But obviously there are situations, after an operation and obviously, when people are maybe drowsy (inaudible) and it acts more quickly by giving it by injection.

DC QUADE Right.

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REID So although patients maybe able to take Morphine tablets because the injection (inaudible) works more quickly we use injection.

DC QUADE Sure, yeah and so within the analgesic ladder it's at the top isn't it?

REID Yeah.

DC QUADE And so unless someone is in so much obvious pain that nothing else is going to work and you whack em straight on to Diamorphine yeah, but with a lot of patients you would start low and then go high would you?

REID Yes.

DC QUADE Up the ladder, yeah?

REID Yes.

DC QUADE And again this was prescribed on the 12th of April but no record of it.

REID Yes.

DC QUADE And, and you can't explain why that was?

REID No.

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DC QUADE No and we've covered the range which was 20 to 200
wasn't it?

REID Yes.

DC QUADE And you're relatively happy with that, that range, variable
range?

REID Well I think the answer is no and I had a discussion with Dr
BARTON about variable dose prescribing. I can't
remember when that was, whether it was before this patient
or whether it was this patient or whether it was afterwards.
My recollection was that it was a variable dose of
something like 20 to 80 milligrams and certainly not 20 to
200 and as I've said in previous statements you know I
indicated my reasons why, although I said I felt unhappy
about it, why I agreed to that but I certainly did not feel I
was underwriting the prescription of 20 to 200 which
would be sort of way beyond anything I've sort of ever seen
before.

DC QUADE Yeah, okay and you say you're not certain about the time of
that conversation ...

REID No I'm not.

DC QUADE ... with Dr BARTON but we know it must've been
presumably while you were the Consultant at Gosport?

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REID Oh yes, yes.

DC QUADE So we're talking, remind me of the dates you were there?

REID Oh it was Spring 99 to Spring 2000.

DC QUADE Yeah so it's within that year?

REID Yes, yeah.

DC QUADE Yeah and you can't say whether it was early in that year, late in that year?

REID No I mean my feeling was that it was early on in the year but I can't ...

DC QUADE And this patient was ...

REID ... early on.

DC QUADE ... presumably this was one of your first patients there?

REID I think it, well very early on in my days there yes.

DC QUADE Yeah. Bearing in mind you say that's beyond your experience this huge range up to 200.

REID Yeah.

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DC QUADE What is the most Diamorphine you'd had prescribed to somebody?

REID Before?

DC QUADE Yeah.

REID I've absolutely no idea.

DC QUADE But had you got to 200 before?

REID No.

DC QUADE No.

REID Well I ...

DC QUADE Not that you can recall?

REID ... well not that I can recall.

DC QUADE You saw that the range was at 200 but you actually didn't change that prescription did you?

REID No I didn't.

DC QUADE You told the nurse to come down.

REID Yes, yes.

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DC QUADE But you didn't change the prescription?

REID No I didn't.

DC QUADE So you're, in that respect ...

REID Well with hindsight I should've crossed out the prescription and re-written it.

DC QUADE ... yeah.

REID I mean I think at the time I was, I probably thought this lady is dying, let's reduce the dose to 40 it can be increased to 80 cos I'm not, I think I'd be fairly certain this lady was going to succumbe between 24 and 48 hours, you know on her current dose. I should've crossed out the prescription.

DC QUADE Okay so you say with hindsight you should've crossed out the prescription.

REID Yeah.

DC QUADE Why would you have crossed out the prescription?

REID Because you know the range I think was too large, 200 was too large.

DC QUADE So what, so what are we saying, tell a layman why you

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didn't want, you wouldn't have wanted the 200 milligrams to remain on that prescription chart.

REID Because I think it allowed just far too much discretion to nursing staff.

DC QUADE Yeah and the danger was?

REID The danger was that, you know, although, and it would have to be two nurses, two nurses would have to do something that was really very silly you know, you know give a 100 when the last dose had been 20.

DC QUADE Mm, mm and what we looking at consequence wise there then?

REID Well very serious consequences for the patients.

DC QUADE Such as?

REID Well in extreme, death if someone's given far too much, yes.

DC QUADE So would you have allowed a nurse to administer the, well the 100 without you reviewing the patient?

REID I'd have been very concerned about a nurse doing that without having a discussion with the doctor, the doctor who is looking after the patient. So if a patient was in a lot of

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pain the nurse felt that you know a significant increase in dose of analgesia was required I'd expect her to contact the doctor.

DC QUADE

We discussed didn't we that Dr BARTON was returning to the hospital almost every day was always available on the telephone ...

REID

So I'm told.

DC QUADE

... yeah and I think the doctor says this, always available on the telephone for advice and to discuss the patients etc. Now I believe Sister HAMBLIN says the same thing, yeah the ...

REID

The Ward Sister.

DC QUADE

... the Ward Sister, the manager of the ward wasn't she?

REID

Mm, mm.

DC QUADE

So it still puzzles me, we never got to the bottom of this why there is a need to prescribe in such a way.

REID

No I accept that.

DC QUADE

Yeah and as we discussed before we could've had this breakthrough prescription couldn't we, the PRN prescription?

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REID Yes, yes, yes.

DC QUADE Accompanying a smaller dose ...

REID Yes.

DC QUADE ... and we discussed the, can't agree why, you can't understand, it's inexplicable, in your words, why the dose was started at 80?

REID Yes.

DC QUADE Yeah and you talked about relying on the experience of the nurses to ...

REID Yes.

DC QUADE ... yeah, to start at an appropriate level and you would expect that to be the lowest level?

REID Yes.

DC QUADE Yeah and presumably that experience applies to increasing the dose as well as starting the dose?

REID Sorry?

DC QUADE Well Dr BARTON in this case ...

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REID Yes.

DC QUADE ... seems to have prescribed between 20 and 200.

REID Yes.

DC QUADE Yes, actually starts her off on 80.

REID Yeah.

DC QUADE Yeah?

REID Mm, mm.

DC QUADE Yeah for arguments sake let's say this was after your ward round that day ...

REID Right.

DC QUADE ...yeah so you didn't ...

BUZZER SOUNDS INDICIATING THE END OF THE TAPE.

DC QUADE ... well we'll probably just stop the tape, it's a convenient place to stop the tape and we'll carry this on in a moment. The time by my watch is nine, fifty five (0955) and I'm turning the machine off.

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