

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: DOWSE, CLAIRE TERESA

Age if under 18: 0.18 (if over 18 insert 'over 18') Occupation: DOCTOR

This statement (consisting of 5 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: Claire DOWSE

Date: 16/01/2006

I am currently employed by North Bristol NHS Trust as an Anaesthetics Registrar working at Southmead Hospital, Bristol and have been for the past two weeks.

I qualified as a doctor from the University of Wales College of Medicine in July 1997 gaining MBBCh (Bachelor of Medicine and Bachelor of Surgery) Degree.

I have since been employed in numerous health care professional posts. I produce my CV as CTD/1. My GMC number is 4435606.

In August 1999 I was employed by Portsmouth Hospitals NHS Trust as a Senior House Officer in elderly medicine working at the Queen Alexandra Hospital, Portsmouth. I commenced work at the QA Hospital in August 1998 and on a medical rotation working in Respiratory, Gastroenterology, Endocrinology, Renal, Dermatology and Elderly Medicine. I worked in each department for either four or six months, it was a training post. Whilst working within the Elderly Medicine Department my supervisor was Dr POULTON, a Consultant.

I was ward based. I believe the wards name was Edith Keene. When on duty I was responsible the care of the patients on my ward. This responsibility was shared by a consultant led team which consisted on a Consultant, Registrar, a Senior House Officer. I was also on call for 1 in 4 nights and 1 in 4 weekends. When I was on call I was responsible for all the wards downstairs, this included Anne, Mary, Edith Keen and another ward that I cannot recall.

When on call I would deal with any new admissions to that floor, I would also be available to

Signed: Claire DOWSE
2004(1)

Signature Witnessed by:

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deal with any problems that the nursing staff had, offering assistance and advice when required. When on call I would have slept within the hospital grounds. A registrar was always available if required. When on call a handover would have been completed about 5pm (1700) when any of the other doctors would have told me of any new admissions that they had had during the day, or any other issues that may need addressing during the night.

I have been asked to detail my involvement in the care and treatment of Mr Geoffrey PACKMAN . I have no personal recollection of this patient but from referring to his medical notes BJC/34 I can say that I recorded the following note on page 46:

* | | In view of pre morbid state + multiple medical problems not for CPR in event of arrest.

I have then signed the entry.

This is a note that I made on the 6th August 1999 following a ward round at 1730 hrs by the registrar who I believe was a Dr JONES-CURTIS , I am unsure of his first name. Dr CURTIS and myself would have seen Mr PACKMAN as he had been admitted earlier that afternoon and it would have been normal procedure for the on call Senior House Officer to do a ward round with the on call Registrar during the evening to review the new admissions. Dr CURTIS has made a full note in Mr PACKMAN's records regarding that ward round.

I believe that my note should have been included within the ward round note and was written underneath the main note as it had been overlooked.

I have put two lines and a star by the side of my note to highlight it.

In view of his pre morbid state means his poor health pre-admission along with his multiple medical problems (listed by Dr CURTIS in the ward round note) Mr PACKMAN was not for CPR, cardio-pulmonary resuscitation in the event of arrest, ie, his heart stop beating or he stopped breathing. CPR is a treatment and at that time it was decided that if Mr PACKMAN had an arrest the chances of that treatment being successful were very slim.

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By writing that note I was not saying that I expected Mr PACKMAN to die in fact he was receiving full active treatment for his multiple medical problems.

My name appears on page 105, a patient profile for Mr PACKMAN showing his resuscitation status. I have not signed my name on the page although it does confirm my entry on page 46. I believe that the resuscitation status would have been completed by a nurse for all healthcare professionals benefit. By recording the patients resuscitation status on this page prevented any healthcare professional from searching through the complete medical notes.

Signed: Claire DOWSE
2004(1)

Signature Witnessed by: