

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: RAVINDRANE, ARUMUGAM

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CONSULTANT PHYSICIAN

This statement (consisting of 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: A RAVINDRANE

Date: 23/03/2006

I am Dr Arumugam RAVINDRANE and am employed as a Consultant Physician in Elderly Medicine by East Hampshire Primary Health Care Trust at the Queen Alexandra Hospital, Cosham, Hants. I have been in this position since 2nd January 2001.

Prior to the above appointment I was employed as a Specialist Registrar, working mainly in Southampton General and Queen Alexandra Hospitals, Hampshire.

I qualified as MBBS (Bachelor) in Medicine and Bachelor of Surgery (MD) in 1988 in Madras, India and have a Doctorate in Medicine and MRCP (UK) as a member of the Royal College of Physicians (UK) and qualified as a Registrar in December 1997.

I had trained in India, coming to Britain in 1989, where I continued my medical training.

I first registered fully on 13th May 1993 and my GMC number is 4004833.

In order to become a Consultant Physician I trained as a Specialist Registrar from December 1997 to December 2000. I was accredited as a Specialist in General and Geriatric Medicine and by the Specialist Training Authority, part of the Joint Committee for Higher Medical Training.

I have today been referred to the photocopied medical notes of Geoffrey PACKMAN , police exhibit BJC/34 and specifically to the entry on page 62 dated 26/8/99. This entry was made by Sister Gill HAMBLIN and refers partly to the term not for resuscitation. I believe Sister HAMBLIN contacted me regarding Mr PACKMAN passing blood per rectum and the

Signed: A RAVINDRANE
2004(1)Signature Witnessed by: Code A

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Continuation of Statement of: RAVINDRANE, ARUMUGAM

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issue of him continuing on Clexane.

The decision was made by Dr GRUNSTEIN on 7/8/99 that Mr PACKMAN was not for 555, ie : resuscitation. That decision would have been made on the basis of Mr PACKMAN's condition and is also referred to by Dr CHATTERJEE .

There are many reasons for a patient not for resuscitation.

I would not wish to comment on why the decision was made as I do not believe that I was spoken to by Gill HAMBLIN as I would not make such a decision over the telephone. The entry appears to have been made some time after the conversation took place.

In general terms the issue of resuscitation is made with the patient and family and friends and taking into account the patients medical condition and wishes.

Resuscitation is a treatment. If a doctor does not believe it will be successful then he or she may not apply it.

This is not a compromise but if the medical team feels that CPR should not happen and the patient disagrees then a doctor will seek a second opinion and if the second doctor agrees then the patient is again consulted however if the patient still disagrees we have to seek legal opinion. In over twenty years I have never been in this position. Because a patient is not resuscitated does not mean they are not actively treated. Medication and all other aspects of treatment continue in order to make the patient better.

Regarding the criteria for the transfer of patient from GWMH to other hospitals I am unsure if guidelines existed in 1999. We always practised sensibly. At GWMH if a patient was unwell the senior nurse on duty would call a doctor and discuss the patient's condition. The doctor would visit and assess the best way to treat the patient. That may mean the patients may be transferred. This is assessed on each patient's individual needs.

Signed: A RAVINDRANE
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If a patient did not want to be further treated or transferred they would not be.

If a patient was in expectation of death, having suffered for example a massive stroke or if their condition was too unstable and was deteriorating rapidly transfer may not occur.

I should stress that each case is on its own merits. There are no specific conditions where a patient would not be transferred to a main hospital.

I was shown today (23/3/06) a photocopy medical notes of Geoffrey PACKMAN, page 62 dated 26/8/99. That entry was made by Sister HAMBLIN. It refers to the discussion Sister HAMBLIN, I believe, had with me regarding Mr PACKMAN's continuing on Clexane. I do not remember the conversation but I believe I was told of Mr PACKMAN passing blood through rectum. I believe I advised Sister to stop Clexane and to monitor haemoglobin. I do not think we discussed anything other than this. Sister HAMBLIN's notes go on to refer to 'Do not resuscitate' Mr PACKMAN. I believe that not for 555 (Do not resuscitate) decision was made at QA Hospital jointly by Dr GRUNSTEIN and Dr CHATTERJEE on medical grounds. I do not believe I discussed this issue with Sister HAMBLIN. Sister HAMBLIN's notes appear to be a summary of events made at the end of the day 26/8/99. Normally I do not make Do not resuscitate decision over phone. It appears Sister HAMBLIN just summarised the condition and further treatment of Mr PACKMAN.

Signed: A RAVINDRANE
2004(1)

Signature Witnessed by: Code A