

At Glen Heolten Mrs Richards fell over some 17
lines.

17 August - pain/ distress.

18 Aug - decision following discussion to use
syringe driver

The Lord supports use of syringe driver

In this instance parenteral fluids are often not
used as they do not significantly alter the volume.

If this is necessary in order to keep the mouth
dry and skin hydrated, it is done by the
subcutaneous route only on NHS continuing care
wards. Patients requiring intravenous fluids would
need to be transferred to an acute bed at
Hawker or QA. Mrs R was 91 years of age,
frail confused and had been 2x to Hawker
for surgical procedures and hence a 2nd
transfer back for int. fluids ^{would not have been appropriate} for the 4
days that Mrs R was on a syringe driver

Attendance crew concluded that she showed
signs of pain

Doctor B made it clear that the surgical
intervention necessary for the haematoma
would have required a general anaesthetic
+ Mrs R was not well enough.

Professor Lintsey.

Letter 9 Nov. 2000 'without prejudice'

Summary. p1 of 35.

p1 of 35 unhelpfully killed = Murder manslaughter

Murder in an acute general hospital

p5 of 35 - evidence that on return she was in pain... inappropriate to have ~~her~~ her.

p5. of 35 4.15. bronchopneumonia

p6 of 35 4.16. - 4.21. →

p8 of 35 5.10.

p9 of 35 Return to WHH in pain.

Page 10 of 35 S. 19.1.

S. 19.2.

S. 19.3. aware complaint to be made

Page 11 of 35. S. 19.5. rattly chest.

Can question administration of drugs.
It was oledgehammer is cough not.
Prescribed for usage on day admitted.

Pharmacist.

P 15 of 35 My opinion.

P 24 of 35

P 26 of 35

Agree with points

① deteriorated quite significantly Jul 1997. ✓

② significance of pain 17/8.
Massive haematuria. ✓
of concern to doctor

③ 18/8 - Philip Reed explained that only possible means of treating her was to put her on a syringe driver.

④ Dr B says 2 on Barlet scale 11/8.

⑤ Dr B says ~ 18/8 - marked deterioration
could dispute this but barely responsive / lot of pain.
able

⑥ Dr B says a 19/8 rathly died
developed bronchopneumonia.

① only purpose was to relieve pain.

Beed. (20 yrs experience)

medical/nursing can recognise if someone is dying.

too frail for transfer.

agreed drug regime

Mrs R had ruffly death.

supports Dr. B.

Couchman.

12 years.

Mrs R very high risk patient.

V poorly
clear infection

Joice.

11 yr exper

drug chart shows oral medication 18/8
but in fact not given.

Others.

Linda Baldacchino

Jennifer Brewer.

Sylvia Griffin

|

Pharmacist.

Jean Dalton.

may be right, but think that she would
have difficulty in defending what she said.

Doctor Lord.

Essential to discuss

- (i) concurrence in terms of seriousness.
- (ii) natty - style of presentation of report
to know that in using terms.

Unlawful killing had a vague idea.

- (iii) Unlawful killing - death has occurred
as a result of an act which could
have led to

- (iv) Acts - whi
breach of duty of care - indifferent
to wish of injury to health
nevertheless to
displayed malice to

1. Clarification

Clarification involved a clarification of what was meant by unlawful killing in this case. And that the conclusion I had formed was correct.

At the time of preparing the report I was a medical not fully versed in the law and had an idea of what unlawful killing was

+ that this was unlawful killing

- parties involved had a duty of care
- breach of duty
- is a level of gross negligence which a jury may consider justifies a criminal conviction
- in that parties involved indifferent to risk of injury to health had foresight of risk determined nevertheless to non displayed inattentive or failure to advert to the risk which went beyond mere inadvertence in respect of an obvious & important result which duty demanded he or she should address

+ in requests the disclosure I was trying to fulfill my

own duty of care.

Litton Braithwaite. (2000) Law for Doctors.

Attending courses to enhance:

~~5~~

Unlawful killing by underbaking - the death of a patient results from negligence with significant breaches of duty of care.

Parties involved:

GP Doctor Barton

Mr Beed

Miss Cochman

Mrs Joice.

It is my view that Barton & Beed + at the time going through the evidence I am of the firm opinion.

Barton -

Dr Barton - ① prescriber of drugs by syringe driver using drugs not licensed to use in that manner.

② continuous administration which patient received from 18 Aug - 21 Aug.
no evidence that reviewed

③ no other event occurred to break chain of causality directly attributable to drugs.

Mrs Beed.

Distinguish :-
 Dr Barber } more responsible for what took place.
 Mr Beed }
 Ms Joyce } may be entitled to rely on doctor's knowledge
 Ms Cochrane. }

~~The~~
 Beed had a particular resp. to drug to all the
 to Barton
 Lord.

Prof. Lineary had not ~~ident~~ distinguished
 :- Doctor B + nurses.

Principles.

~~the~~