

## 7. Philip Beed

7.1. Philip Beed is now aged 38 (date of birth 21 March 1963)

7.2. At the time of these events in question he was the Clinical Manager in charge of ~~the~~ Daedalus Ward at Gosport War Memorial Hospital

7.3. He has been a nurse for twenty years and has considerable experience of working with elderly patients.

7.4. Mr Beed was interviewed under caution on 24 July 2000. The effect of what he had to say in interview may be summarized as follows:

- (i) The use of a syringe driver is usually, but not always, a signal that palliative care is being instigated;
- (ii) Palliative care is concerned with making sure that someone who is dying is comfortable, pain free, clean and dignified;
- (iii) A syringe driver works by delivering a dose of soluble medicine subcutaneously over a twenty four hour period. It is used most commonly for pain control, sedation and control of secretions, most often in the case of patients receiving palliative care. It is used to provide a continuous amount of pain relief.

- (v) With experience, it is fairly easy for the medical and nursing staff to recognise when someone is dying;
- (vi) There was a great deal of trust between Beed and Doctor Barton. Doctor Barton would visit the ward each weekday morning for about twenty to thirty minutes. If a particular patient needed to be seen she would be examined but Doctor Barton would not see every patient every day, only those identified by the nurses as requiring attention. The doctor relied on the nurses' judgment;
- (vii) When Mrs Richards was first admitted on 11 August she was very confused and very agitated. She was also clearly in pain;
- (viii) On 14 August it was clear from an x-ray that Mrs Richards had dislocated her hip. Beed was aware that Mrs Lack was angry about the fact that her mother had dislocated her hip and that there had been a delay in having the injury x-rayed and treated. Beed envisaged problems with Mrs Richards and her family;
- (ix) Following her return from the Hasbur hospital Mrs Richards was in pain and distressed. She was refusing to

eat or drink and it was agreed with the family that the priority was to keep Mrs Richards pain free and comfortable;

(ix) There appeared to be some sort of dispute between the daughters;

(x) The pain control was keeping Mrs Richards comfortable but she was still not eating or drinking;

(xi) On 18 August Mrs Richards was reviewed by Doctor Burton who was of the view that she was too frail to be transferred to the Mankar Hospital and that a syringe driver should be used so that continuous analgesia could be given to keep Mrs Richards comfortable

(xii) The family agreed to this course which was started at 11.30am that morning. It quickly established a level of pain control which allowed ~~the~~ staff to look after Mrs Richards properly and keep her clean and dignified;

(xiii) Mrs Richards was not given fluids because studies have shown that there is little benefit in giving fluids in those situations;

(xiv) Mrs Richards was monitored regularly between the 17 August and her death. Despite the fact that Mrs Richards appeared to be pain free, the dosages were kept at the same level, as is common practice with a patient who will not recover. Mrs Richards was such a patient;

(xv) The overall picture was of a lady in severe pain and death was likely within a short time;

(xvi) The doses she was on were not the maximum and the drugs prescribed were appropriate. Although Midazolam is not licenced for subcutaneous use, it is commonly used in that way in palliative care.

(xvii) Doctor Barton recorded the death as bronchopneumonia and certainly Mrs Richards had a very rattly chest.

T.S. Mr Reed is clearly of the view that Doctor Barton's assessment of Mr Richards's condition was correct. He also states that he would know if something was not proper. It is also significant that before 21 August Mr Reed was aware that Mrs Lack wanted to make a complaint about the occasion when her mother had fallen from her chair. He

facilitated and assisted in the making of the complaint.

7.6. Beed finds it puzzling that Mrs Mackenzie and Mrs Lack are now asking a great many questions which they had every opportunity to ask at the time. He states that he spent a good deal of time with them answering their questions and the amount of time he and the other nurses spent with the family made it difficult to keep the nursing records up to date.

8. Margaret Couchman.

8.1. Margaret Couchman is now aged 65 (date of birth 16 November 1935)

8.2. At the time of the events in question she was an 6 grade staff nurse on Daedalus Ward and had worked there for twelve years.

8.3. She was interviewed under caution on 29 June 2000.

8.4. Her account of events may be summarised as follows:

(1) Mrs Richards was totally dependent at the time of her admission and her score on the Bartel

scale indicated that she was a very high risk patient;

(ii) On her re-admission to the ward on 17 August she was told by one of the support workers, Linda Baldacchino that Mrs Richards appeared to be in pain;

(iii) She spoke to Philip Reed and the daughters who agreed that Mrs Richards should be given Oramorph;

(iv) As far as she was concerned the daughters' only concern was that their mother should not be in any pain;

(v) A drug would not be administered if the ~~medical team~~ <sup>nursing staff</sup> did not consider it necessary even if told to do so by a doctor;

(vi) When Mrs Richards was put on the syringe driver <sup>Mrs</sup> Couchman's impression was that she was not dying. She drew the conclusion that Mrs Richards was dying a couple of days before she did, in fact, die;

(vii) By the time Mrs Couchman realized that Mrs Richards was dying the

patient was very poorly, with a chest infection. 5

(viii) The drugs administered by the syringe driver were quite low doses and were quite a common combination;

(iv) The only circumstance in which nursing staff would not give food or drink to a patient would be when it would harm them. For example, if they were unable to swallow, or if it was thought that there was a possibility that it would get into their lungs and kill them.

(x) Fluids can be administered by intravenous drips but such drips were not used on Daedalus Ward. Fluids can also be administered subcutaneously but at that time that was not the practice on Daedalus Ward, or indeed anywhere in the Trust. However, if a patient were dying, fluids would probably not be administered. <sup>There is a body of</sup> Medical opinion which suggests that people who are dying may be more comfortable without the subcutaneous administration of fluids.

(xi) Mrs. Cushman was aware that the daughters were intending to see the nursing home at which Mrs. Richards had broken her hip and bent over backwards to prevent a complaint.

(xii) It was only much later following the death that the daughters said they were unhappy with the standard of nursing care their mother had received on the ward. Mrs Mackenzie had given members of the nursing staff presents to thank them for what they had done and Mrs Richards's easy chair was presented to the ward as a present.

8.5. It is clear from the interview that Mrs Cochran believes that Mrs Richards was cared for in an appropriate and dignified manner. She makes no criticism of Doctor Barton or Philip Reed.

9. Christine Joice.

9.1. Christine Joice is aged 50 (date of birth 17 December 1950).

9.2. She qualified as a Registered General Nurse in 1989. Since 1989 she has worked almost solely in the care of the elderly.

9.3. She was interviewed under caution on 15 June 2000. The effect of what she had to say may be summarised



as follows:

- (i) The syringe driver is used to administer morphine in lots of cases; it is the best option for relieving pain when patients are near to death;
- (ii) Doctor Barton would prescribe the medication;
- (iii) Mrs Richards was very poorly when she was admitted although Mrs Joice was not involved with her very much as she wasn't one of her patients;
- (iv) She spoke to the daughters on a few occasions and was aware that they were not happy with the treatment their mother was receiving;
- (v) When Mrs Richards was re-admitted on 17 August she was very ill. Mrs Joice was of the opinion that the daughters had a different view of their mother's health from that of the nursing staff. They believed that she could do a lot more than she actually could. The nursing staff found that she could not eat or drink and could hardly stand up, despite what had been written on the transfer notes from the Masbur Hospital;

- (vi) The syringe driver was an appropriate way of administering the drugs and the dosages were the bare minimum.
- (vii) The course of treatment was appropriate for someone in pain and for whom nothing more could be done except to make them comfortable;
- (viii) Although on 18 August and 21 August when the drug charts show oral medication, Mrs Joice confirms that, in fact no oral medication was given.
- (ix) Mrs Richards was given a course of palliative care to make her more comfortable. On 18 August Mrs Joice made an entry in the nursing notes that Mrs Richards was peaceful and sleeping. Her daughter was upset and angry about her mother's condition but appeared to be happy that her mother was pain free.
- (x) On 21 August at 12.13pm Mrs Joice made an entry in the notes stating that 'patient's overall condition deteriorating, medication keeping her comfortable, daughter visited during morning.' Mrs Joice states that although there had been a change in condition, she felt no need to contact Doctor Barton or Philip Reed. She did

not think that there was anything that could have been done at that stage to alter the fact that Mrs Richards was dying.

9.4. In summary Mrs Joyce's impression of Mrs Richards is that, from the beginning of her admission, she was in pain, suffering from dementia and was very poorly. She states that each patient was constantly assessed by the nursing staff. She believes that Mrs Richards was properly cared for and makes ~~no~~ no criticism of Doctor Barton.

## 10. Other Members of staff

10.1. In the course of a very detailed investigation each of the health care support workers <sup>and had dealings with Mrs Richards</sup> and nurses who worked on Daedalus Ward, have been interviewed under caution.

10.2. It is not necessary to deal with what each has to say in any great detail. The effect of the interviews may be summarised in the way:

- (i) Mrs Richards was very frail at the time of her admission;
- (ii) Mrs Richards received the care appropriate for her condition;

(iii) No criticisms are made of Doctor Barton

(iv) No criticisms are made of the use of the syringe driver or of the drug regime to which Mrs Richards was subject.

10.3. For example Linda Baldacchino, aged 51, a health care support worker recalls that Mrs Richards was very frail and received the best of treatment. She states that the daughter did not complain about the use of the syringe driver and, in fact, Mrs Mackenzie left on good terms. She saw Mrs Richards on 20 August and in her opinion she was dying. She describes Doctor Barton as caring, kind and sensitive.

10.4. Jennifer Brewer, aged 54, is an E Grade Staff Nurse with thirty five years experience. She describes Mrs Richards as severely demented and very frail. She wanted Mrs Richards to be kept in bed but says that the nursing staff gave in to her daughter and put her in a chair from which she later fell. She goes on to say

" I think that Mrs Richards got the best care we could have given her. I feel that she fell on the floor

or was on the floor because she wasn't safe in the chair and I feel that some of our work was disrupted by the daughter's view of her mother's condition.

She also states that Doctor Barton had the welfare of the patient as her highest priority.

10.5. Sylvia Griffin, aged 62, a nurse since 1972 says that her perception of Mrs Richards was that she was someone who was dying and the treatment she received was a way of making her death as pain free and comfortable as possible. The problem with giving drink or food to Mrs Richards was that she might choke or alternatively not be able to absorb it. She makes no criticism of the treatment.

10.6. Christina Tyler, aged 49, a health care support worker states that Mrs Richards was unwell and had a chest infection.

10.7. There are other examples of comments from nurses and health care support workers which suggest that Mrs Richards was dying.

## 11. Jean Dalton

11.1. Jean Dalton, aged 48, was the pharmacist at the War Memorial Hospital. She was interviewed under caution on 18 July 2000.

11.2. The effect of her interview may be summarised quite briefly. She states that the drugs administered to Mrs Richards were all stock items used routinely in palliative care. She does not criticise the use of the syringe driver or the amount of drugs prescribed. In the case of the drugs not licensed for subcutaneous use she states that it is accepted throughout the United Kingdom that they are used as they were in this case.

## 12. Doctor Lord.

12.1. Doctor Lord, aged 46, was interviewed under caution on 27 September 2000. She has been a consultant geriatrician for over eight years.

12.2. Doctor Lord describes Doctor Barton as dependable and sensible and makes no criticism of her treatment of Mrs Richards.

12.3. In Doctor Lord's opinion the syringe driver is better for the continuous control of pain and it is a matter of clinical judgment as to what drugs are prescribed. She agrees

That palliative care is the beginning of the end the aim is to keep the patient as comfortable as possible.

12.4. Doctor Lord does not think that the drugs prescribed would have been the direct cause of death. ~~and~~ She considers that chest infections are always a risk when people are sedated. She also states that transfer or movement can have a significantly detrimental effect on a patient.

12.5. Significantly, Doctor Lord does not criticize the actions of Doctor Benton or any of the nursing staff. She also states that although Midazolam is not licensed for subcutaneous use it is good practice to use it. Her clinical impression from ~~the~~ notes her consideration of the medical records and discussions is that Mrs Richards was dying.