

Questions for Dr Barton

You provided a written statement to the Police on 25 July 2000-is that correct?

any of

Why did you choose to respond with no comment to their questions?

You stated at that time that your work involved seeing a large number of elderly patients approaching the end of their lives-is that correct?

It is also correct to state that your work involved a large number of elderly patients who were admitted for rehabilitation.?

Mr Jenkins on your behalf stated last week that given the number of patients and how busy it was combining your role of clinical assistant and GP, you had in fact very little time to spend with each patient, -would you agree with that?

Its true isn't it that many staff referred to a protocol that existed at the time for palliative care known as the Wessex guidelines?

~~And that~~ those guidelines are not designed for a rehabilitation environment ?
would you agree

Its also true to say isn't it this protocol was inappropriately applied to patients admitted for rehabilitation?

(Matters of fact to assist the coroner these were found by Commission for health improvement in 2002)

We have heard from your statement

You stated that 'one complication for patients is that the act of transferring someone from one unit to another causes a marked deterioration in their condition and is frequently irreversible'? *Is that correct?*

However this wasn't the case for Gladys Richards when she initially transferred from her nursing home to Haslar hospital and between 30 July and 11th August as make a remarkable recovery didn't she? So you would agree there was no deterioration with that transfer?

In fact she was in fact witnessed fully weight bearing and walking according to her transfer letter. There is correct isn't it?

And her transfer on 11th August from Haslar to GWM, from wheelchair to chair.

The act of transferring her on that date ~~to~~ not cause a deterioration did it?
did

And after falling from a chair on the 13 August at GWM and transferring back to Haslar, that transfer from one unit to another didn't cause a deterioration did it?

I was there before admission, stayed 2-3 hours

and you did not examine my father for admission at this time and yet 1hr after this she was given Oramorph 1st dose at 4.15pm which was already written of.

syringe driver. Is that correct?

Mr Beed advised both daughters that their mother was dying. You note in paragraph 26 that both daughters reluctantly agreed to the syringe driver-do you accept that this was only because they had been told their mother was dying?

Given this was a significant decision requiring a change in the way medication was going to be administered, why is there no record to substantiate this decision or explain any rationale for it?

You state in **paragraph 25** that Mrs Richards showed a marked deterioration compared to the 11th. Yet only 24 hours before she was eating and drinking at Haslar hospital and you recorded that when you saw her on admission she 'now appears peaceful'-was this *after* she had been given pain relief of ~~or~~ morph?

Why is there nothing recorded in the notes of the 17th if that ~~was~~ your view? ^{was she now dying.} Why is there nothing in the notes to explain the rationale for your decision on that day?

You also state in **para 25** that this confirmed your view that you had reached the previous day on readmission that she was dying. How did you form that view? Why is there no record of that view on nursing or medical records? This was a ~~self fulfilling prophecy wasn't it?~~

You go on to state that you believe that Mrs Richards had a haematoma and that was the cause of her significant pain, is that correct?

Do you agree with what we have heard from an expert witness that an elderly patient would be expected to recover from a haematoma in a matter of days and this is not a fatal condition?

You say that it was not in Mrs Richards best interests to refer her back to Haslar yet it is correct that you never even spoke to anyone there even though they had expressly stated they would have Mrs Richards back?

It is correct that you failed to note any request by Mrs O'Brien to transfer back to Haslar to establish the cause of pain?

And it is correct isn't it that it was found that your anticipatory prescribing created a situation where drugs could be administered which were excessive to the patient's needs and that this was both inappropriate and not in Mrs Richards interests?

It is also true to say that it was found that you failed to properly assess Mrs Richards prior to prescribing opiates and that was also not in her best interests?

In paragraph 41 you say that Mrs Richards was not responding to a total of 45 mg

17h?

bent in bed- so did you see her *after* she had been given pain relief of oramorph?
When did you write up your notes on the 17th?

How could you properly assess Mrs Richards if you did not acutally see her on arrival?

Was she transferred from Haslar with a splint?

If yes, what happened to the splint?

If no, was a splint administered at any time during the day of the 17th, as per the instruction from Haslar?

You say in para 22 'I was not aware at that time that she had been having intravenous morphine at Haslar until shortly before her transfer'-this is not correct is it? She hadn't. *had she? on 17th.*

You state in the same paragraph that her general condition had deteriorated as a result of the further operative procedure but we know this is not true, is it? Haslar transferred her, having required only 2mg of midazolam *for her latest procedure? Before transfer she was eating and drinking and there was no sign of deterioration? and fully weight bearing.*

So on the 17th you say that you had decided you should explain the position to the daughters of 'what was to come', yet you describe Mrs Richards as peaceful?.

Para 23 you state that Mrs Richards had Oramorph on four occasions - do you accept this was in fact six occasions?

We have heard testimony that Mrs O Brien had been back to Haslar on the morning of the 17th and they had confirmed Mrs Richards had been fine when she left the ward. Mrs O Brien told both you and Philip Beed that Haslar would accept Mrs Richards back for diagnosis to establish the cause of pain .but you refused to make the referral didn't you?

Why didn't you make the referral back to Haslar??

I would suggest to you Dr Barton that the reason you didn't refer back to Haslar for a 3rd time is because someone may question what had happened in the intervening period?

On the 18th August we have heard that Mrs Richards was peaceful, having required no more Oramorph since the early hours of the morning. We have heard that Nurse Couchman did not think Mrs Richards was dying but was told by Philip Beed that a syringe driver would be administered. Philip Beed told us that he had discussed Mrs Richards with you and it was you who decided to start the

a You have stated that the drugs she had received at RHH would not influence your decision on prescribing based your decision to some as any patient on palliative care nor specifically for Mrs Richards.

>
remember
what
she
had
+
when.
—
let
correct
is it
it?

17th

of morphine orally in 24 hours and that was the reason you needed to increase the amount of pain relief-is that correct?

Yet we have heard that she did respond and was peaceful on the morning of the 18th?

Given this was such a significant change why did you not record your findings or rationale for this decision?*(to change from oral morphine to syringe driver)*

You state that you believe that you stated to both daughters that fluids were not appropriate yet this is denied by both daughters? How do you explain that?

Would you agree with what we have heard from an expert witness that without fluids and the inability to excrete fluids the amount of diamorphine would build up in concentration in the body and therefore more likely to hasten death?

In paragraph 33 you say that you assessed that Mrs Richards had a rattly chest yet did not make a note of this despite this requiring another medicine to be added to the mix in the syringe driver?

It is true isn't it that in 1998 rehabilitation patients in Daedulus ward were treated as palliative care patients and Mrs Richards was one of them?

~~It is true isn't it that-
-it was found that you continued to be considered a risk to patients
-that by your acts and omissions put patients at increased risk of premature death.
-you were instructed that you must not treat palliative care patients?~~

GMC
2010

See para 37 notes
question re death certificate,

In paragraph 15 you state that a limited number of small doses of Oramorph was given totalling 20mg over the first 24 hours and 10mg thereafter which you described as 'an appropriate level of pain relief after such a major orthopaedic procedure'. How would you explain then that this level of prescribing was not required in the 11 days that followed surgery in Haslar ?

evidence

And its right isn't it that by the next day on the 12th, one of your staff ~~was told us in~~ ^{complain}ing that she felt Mrs Richards had been 'over sedated', and subsequent doses were ~~reduced?~~ ^{not given as she was still sedated.}

need letter

You state in paragraph 16 that on the afternoon of the 12th you were not ^{at hospital or} on duty ~~or the ward~~ at the time. **However a letter from the health Authority states that you were on the ward ~~at the time?~~ ^{showing after this.} Can you clarify this? (Dates wrong?)

And at paragraph 16 that on the 13th, Dr Lord needed to confirm that Mrs Richards could be transferred back to Haslar-is this right, wasn't Dr Lord away at this time? ** (Dr Lords statement)

Your first note of 14th reads, slipped from chair last night, but of course we now know as recorded later in your note, that Mrs Richards fell at 1.30pm, that's right?

You state at para 18 that whilst at Haslar, on the 14th, Mrs Richards remained unresponsive for approx 24 hours and that 'normally a healthy patient would wake up within minutes'. I would suggest that that is not correct, Mrs Richards did initially remain unresponsive- but was awake at ~~1pm~~ ^{1.30pm} which in fact was ~~12~~ ¹² hours after surgery not 24? Would you agree?

Before transfer back to Haslar on 14th

We also know from the records that you stated Mrs Richards had Oramorph at 11.45 and you state she had some at midday- Do you think its fair to say that it was the amount of Oramorph given at GWM, prior to the closed reduction combined with the 2mg of ~~?????~~ ^{midazolam} given at Haslar that was a factor?

Wouldn't that be an explanation for Mrs Richards remaining unconscious for longer than would be expected?

17th, again Mrs Richards had made a full recovery, ^{prior to} transfer back to GWM.

It is acknowledged by the Health Authority that Mrs Richards was transferred on to the bed by a sheet? When did you become aware of that?

In para 22 you state that you saw Mrs Richards shortly after her arrival on the ward? **When** exactly did you see Mrs Richards on the 17th?

When you saw her you stated 'now appears peaceful' yet staff have reported her in discomfort and pain having been transferred on a sheet and having her leg

a

you say that she had given up
launched terrified expression - not just frail
she was dying.

And in fact she recovered at Haslar again didn't she?

So it was in fact would you agree three out of four transfers had in fact not caused any deterioration in her health?

it was only her final transfer from Haslar to GWM for a second time on 17th August that caused any possible deterioration?

Your statement (paragraph 11) states 'If, as was more likely, she would deteriorate due to her age, her dementia, her frail condition and the shock of the fall followed by major surgery, then she was to be nursed in a calm environment, away from the stresses of an acute ward. Clearly that is how you described nursing in Daedulus ward at that time?

We have heard in fact that Haslar was well staffed and nursing care was excellent. Compare this then to what Mr Jenkins has described as a situation that was severely under-doctored and nurses have described as too busy to always keep nursing records up to date. In that case, which do you think was the more calm environment?

And on the 11th, her initial admission, clearly from this paragraph you had already decided that in fact she was more likely to deteriorate than recuperate?

Even though she had in fact, in the words of the surgeon at Haslar, if its good enough for the Queen Mother, its good enough for you, she HAD recovered from both the shock of her fall AND from Major surgery?

You have stated in paragraph 13 that in your view Mrs Richards was 'close to death' and that 'she might die sooner rather than later'-this seems at odds for the view of staff at Haslar?

So here we had a patient that was recovering well, taking minimal pain relief, and had come to rehabilitate, why did you write 'I am happy to certify death'?

Your note of 11th states 'not obviously in pain'-how long did you assess her and how did you assess her? *when did you see her?*

And it is correct to say isn't it, that in fact, you failed to assess Mrs Richards condition appropriately before prescribing opiates?