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Head of Commission for Health Improvement (CHI)
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

21st November 2001

Dear Sir/Madam

RE : INVESTIGATION INTO THE CARE OF MRS EVA PAGE

Prior to our meeting today I would like to put in writing to you the events relating to the death of my mother, Mrs. Eva Page, on the 3rd March 1998.

Prior to admission to hospital my mother had been an active and independent resident of Chesterholme Lodge Residential Home, Lee-on-the-Solent, for over fifteen years.

During this time her health had been remarkably good despite being on long-term medication for heart failure (Digoxin and Frusemide). In July 1995 and May 1997 she was admitted to Queen Alexandra Hospital (QAH) with increasing heart failure due to (as far as we were aware) the fact that she had stopped taking her regular medication. On both occasions the medication was recommenced and each time she made a full recovery and returned back to her Residential home.

In February 1998 she was admitted again to QAH with an irregular heart rate which we were informed was probably due to either digoxin toxicity or failure to take her medication again. Several members of the family visited her during this admission and remember her to be alert, orientated, mobile and not complaining of any pain.

During her stay in QAH a routine chest x-ray was carried out and it was discovered that she had a shadow on her lung, which could ***possibly*** be a cancerous tumour.

My daughter, Samantha and I had a meeting with Consultant at QAH who explained my mother's condition and her prognosis was discussed:

A shadow had been found on X-Ray and that to confirm any diagnosis a Bronchcoscopy would have to be performed. This would require a general anaesthetic (GA). It was the consultant's view that the risks of a GA combined with my mother's age and heart condition an operation would be unwise. It was discussed and agreed that my mother's best treatment would be to control her heart condition and move her to Gosport War Memorial Hospital (GWMH), which was nearer to us. Our understanding was that the transfer to GWMH was for my mother to convalesce before returning to her Residential home whereby we would let matters take their natural course.

The impression that Samantha recalls of this meeting was that my mother was suffering from a controllable heart problem with an additional problem of an undiagnosed shadow on her lung, which was too invasive to investigate further. Her condition at this time showed no signs of pain or discomfort and as a terminal illness was not death imminent.

It is important to note at this stage that during her stay at QAH there had been two separate incidents that had caused extensive bruising to her face. The first was explained that she had attempted to go to the toilet during the night and fallen. Unfortunately this happened again and at both times I was phoned by the ward staff to inform me. I complained to the Sister, and was told that putting her in a bed with "constraint" bars would require permission. Why had permission not been sought? It is of note that following these incidents my mother although looking like Mike Tyson's Sparring partner was still alert, talkative, and able to communicate.

Samantha's last visit to my mother whilst she was at QAH confirms that she was "perky, talkative, eating and drinking" and most important ....not showing any signs of pain or discomfort. My mother was never told of her condition and knowing her as a determined person she was would have continued to live. She had not given up.

I visited my mother on the morning of her discharge from QAH (27th February 1998). During that visit although I found her to be weak, she was still communicative, perky and not in pain. She was transferred to GWMH by ambulance around midday.

I made my first visit to my mother during the early afternoon that day (approx 1400hrs). At that time it was my opinion that my mother was definitely under sedative medication, she was unable to communicate, focus, talk, and was falling in and out of consciousness. During the early part of that afternoon I spoke to the ward Sister who stated that on arrival my mother had been in pain, and was, quote " a very poorly lady". It was her opinion that she would not last too much longer. I did mention that I had seen her at QAH that morning and although very weak was not in pain.

My wife arrived on the ward soon after I and her recollection of my mother confirms my previous paragraph.

Shortly after her arrival at GWMH a meeting was arranged between my wife, the Ward Sister and Dr Barton and I. At this meeting the ward Sister stated that on admission my mother was in pain and had been put on strong pain relief medication, I stated that in the morning she had not been in pain, but was certainly weak. My wife remembers that someone had mentioned that the journey was the cause of her pain, but I remember the sister stating that my mother was showing signs of pain, and that she was severely ill and that it was likely she would pass away very shortly.

At this point I am convinced that my mother was receiving either Diamorphine Sulphate by Intravenous Pump Injection/ or some other opiate analgesic.

I visited every day at which time my mother was always in a deep unconscious state. I eventually received a call on the 2nd March 1998 to say that she had developed Cheyne Stoke breathing and that death was close.

O n the 3rd March 1998 I visited most of the day, leaving late afternoon, at which time Samantha stayed. I returned at around 2200, to be informed that Eva had passed away at 2100hours. I did not view the body.

During the administrative handover of effects it was found that my mother's wedding ring was missing. My wife confirms that whilst at QAH it had been taped to her finger.

In conclusion: After conversation with my daughter, I emphasize her qualified concern in that she was very surprised that my mother had deteriorated so soon after arriving at GWMH. In her words " She had been discharged from QAH having been treated for a cardiac problem and not for signs and symptoms of a lung cancer".

The following questions, which we feel are important, in this case are:

1. What medication for pain relief was being prescribed by QAH prior to her transfer and was this being administered on a regular basis?
2. What was the QAH Consultant's reason for transferring her to GWMH apart from my close proximity?
3. What was the QAH Consultant's prognosis of this case i.e., would she have considered death within 7 days, as was the case?
4. What drugs were administered within 6 hours of admission to GWMH and why?
5. What nutritional nourishment was provided to sustain my mother's life whilst at GWMH prior to her death?

It was not until other cases similar to my mother's were reported in the press that I made an official police complaint concerning the treatment of my mother.

It is my firm belief that certain members of staff at the Gosport War Memorial Hospital were operating some sort of euthanasia policy on patients being admitted to the hospital. I f this is proved to be the case surely this falls within the realms of murder or manslaughter.

Yours Sincerely

Bernard Page