Drs.
A. C. KNAPMAN
P. A. BEASLEY
JANE BARTON
E. J. PETERS
M. J. BRIGG
SARAH BROOK
Telephone 01705 583333
Fax - - 01705 601107

The Surgery,
148 Forton Road,
Gosport, Hants.
PO12 3HH

25.8.00

Dear Ms Hutchings,

I have received your letter of the 21st August and discussed it with you on the telephone.

You may wish to discuss the contents of my letter with Miss Windsor. My first comment, if you do so, is once again to extend my sympathy to the family.

Mrs Windsor had had a bad two years or so with her heart problems and then the diagnosis of leukaemia and the resulting delay in any heart surgery.

Mrs Windsor's last illness commenced on approx. 22nd April. I visited her at home where she was suffering from diarrhoea and vomiting. I made the diagnosis of gastro-enteritis and prescribed clear fluids only , a suckable tablet for the vomiting and a tablet to ease the diarrhoea to be taken when the vomiting settled. When I visited on 25th April the main infection had settled but both Mr and Mrs Windsor were tearful and we discussed the possibility of hospitalisation to give them both a break. I explained that as the worst of the infection had settled I did not feel an acute hospital admission was appropriate but that a break of about 2 weeks in a G.P. bed in the G.W.M.H. could be arranged if they wished. Mrs Windsor accepted that she was feeling depressed and I prescribed the restart of an anti-depressant drug. Depression had been an ongoing feature of Mrs Windsor's affect since she heard she had been temporarily removed from the heart-surgery list because of her leukaemia therapy;- several times she repeated the comment she had heard that she would not survive a year without surgery.

I was telephoned over the next couple of days asking me to arrange an admission to G.W.M.H. and she was admitted on27th April. She remained feeling weak and low and spent most of the time in bed. However there was little to find on physical examination, a fact commented on by her Consultant Haematologist who kindly visited her on the ward as she was not able to get to the clinic.

However within a couple of days Mrs Windsor's condition deteriorated and her fluid intake/ output began to cause concern. I checked her lungs and noted that her Blood-Pressure had dropped to 95/60. As she was on an anti-angina medication Atenolol, which also lowers the Blood-pressure I felt the right thing was to stop that to see if this would restore her Blood-Pressure and kidney perfusion. Unfortunately this was not the case and when I re-visited Mrs Windsor she was gravely ill with a very reduced urine output and still a low blood-pressure.

As Miss Windsor was present I tried to explain the gravity of her mother's condition to her and the need for transfer to specialist care. I also felt it

was an appropriate time to explain to her, as a concerned relative , the reasons for Mrs Windsor's temporary removal from the heart-surgery list as I know this had caused the family, especially Mrs Windsor herself, great concern. This was especially relevant in view of the fact that I am quite clear in my mind that Mrs Windsor's cardiac condition was a major factor in her death as a relatively minor bowel infection in a patient of her age with controlled leukaemia would not be expected to lead to a fatal outcome. I have no doubt that the poor cardiac function precipitated the kidney failure following gastro-enteritis, that appeared to be settling.

I very much regret the unavoidable delay in Mrs Windsor's transfer and the stress the relatives underwent over the time in St. Mary's Hospital.

I know I speak for all concerned when I express the sentiment that now Mrs Windsor is at peace after a harrowing two years and once again express my sympathy to the relatives

I hope the above reply to your request for my comments helps you in your dealings with Miss Windsor but if you need further information please do contact me further.

Yours sincerely

Code A

A.C.Knapman