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Form MG11(T)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: LORD, ALTHEA EVERESTA GERADETTE

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: COMMUNITY GERIATRICIAN

This statement (consisting of 7 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: A LORD Date: 28/09/2004

I am employed by the East Hants Primary Care Trust as a Community Geriatrician for Fareham and Gosport Primary Care Trust. I have held this position since the 21st June 2004 (21/06/2004).

In 1978 I graduated from the Faculty of Medicine at the University of Sri Lanka, Colombo. I obtained an MB which is a Bachelor of Medicine and a BS which is a Bachelor of Surgery.

In 1983 I obtained a post graduate qualification as a Doctor of Medicine at the University of Sri Lanka.

I have worked at the General Hospital, Colombo as a Senior House Officer and a Registrar in General Medicine up to May 1984.

From May 1984 I was employed as a Registrar in Nephrology under the supervision of Professor H A LEE at the Renal Unit at St Mary's Hospital, Portsmouth , I held this position until October 1985.

Between October 1985 and September 1988 I was employed as a Registrar in Geriatric Medicine at St Mary's and Queen Alexandra Hospitals, Portsmouth .

From October 1988 to March 1992 I was employed as a Senior Registrar on a rotation between Southampton and Portsmouth Hospitals.

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From the 31st March 1992 (31/03/1992) until June 2004 I was employed as a Consultant Geriatrician for the Department of Medicine for older people in Portsmouth. During this period I worked at Queen Alexandra, St Mary's and Gosport War Memorial Hospitals .

In 1997 I obtained a F.R.C.P which is the Fellowship of the Royal College of Physicians.

My General Medical Council Registration Number is Code A

I have been asked to detail my involvement in the care and treatment of Code A

I have been shown a photocopy of the microfiche exhibit ref BJC/71, pages 5 and 10. I can confirm that I was the author of the typed letter dated 8/1/96 (08/01/1996).

In 1996 I was a consultant geriatrician. My responsibilities included, In Patients at Queen Alexandra Hospital, Daedalus Ward at Gosport War Memorial Hospital, Kingsclere Rehabilitation Ward at St Mary's Hospital. I also conducted a day hospital session at the Amulnee Day Hospital located at St Mary's Hospital and Dolphin Day Hospital at the Gosport War Memorial. The sessions alternated every week.

I also held an out patient sessions weekly at St Mary's Hospital. On the 1st, 3rd and 5th weeks I held sessions at the Gosport War Memorial Hospital.

I was the consultant for all these patients who required specialist care for their physical health. All these patients would have been over the age of 65 years.

At that time in 1996 I believe it was Martin SEVIERS who was the Clinical Director of the department.

Firstly I must explain where other departments require an assessment and believe the patient's physical condition requires specialist geriatric assessment a referral is made to the Department of Medicine for Older People.

It was in this context I was asked to see the patient Code A I do not recollect the patient or indeed the assessment of Code A on the 4th January 1996 (04/01/1996).

I am therefore reliant on my assessment letter. My usual practice includes examining the patient, reviewing the available medical and psychiatric notes. Liaising with the medical and nursing staff as appropriate.

This assessment was undertaken by myself in response to a referral from Dr BANKS (Consultant in old age psychiatry) or a member of her team.

It was an overall assessment to determine whether the patient's best interest would be served by him remaining on the psychiatric ward or by his transfer to the Department for Medicine for Older People.

I can confirm that I wrote the following within the letter referred to as page 5 exhibit BJC71.

"Thank you for referring Code A whom I visited on Mulberry A on 4 January. He has had chronic resistant depression and long courses of ECT (Electro Convulsive therapy) in the past, have not been effective. He has recovered from a recent chest infection (A) but is completely dependent with a Barthel of O, is catheterised (B) and has superficial ulcers on the left buttock and left hip (C). He is also hypoproteinaemic with an albumin of 27 and is eating very little, although he will drink moderate amounts with encouragement. I feel he needs high protein drinks as well as a bladder wash out twice a week but overall feel that his prognosis is poor and would be happy to arrange transfer to Dryad Ward on 5 January. I gather that Code A Code A s also aware of the poor prognosis.

As he is unlikely to return to Hazeldene Rest Home I feel that his place there could be given up". (This entry signed by A LORD).

With reference to this letter that I have written I have the following comments to make which

may clarify parts of the letter.

He has had chronic resistant depression and long courses of ECT in the past have not been effective.

ECT means Electro Convulsive Therapy. This information would have been obtained from my review of his psychiatric notes. It provides background information as to why the patient was in Mulberry Ward A in the first place.

With reference to the sentence marked (A), "He has recovered from a recent chest infection".

I would have seen from the notes that this had resolved.

With reference to the entry marked (B), the Barthel score. This is a functional assessment of the activities of daily living. A score of 20 would indicate that a person was completely independent in their self care, able to do the stairs unaided and able to transfer in and out of the bath unaided. Also would be continent of urine and faeces. Therefore the Barthel score of 0 indicates that the patient would be completely dependent on nursing care for his daily living and also care for his bladder and bowels. The patient would have been unable to manage his catheter.

With reference to the entry marked (C), "and has superficial ulcers on the left buttock and left hip. The ulcers would represent pressure sores and indicate the need for good pressure relief and intensive skin care.

The letter continues "He is also hypoproteinaemic with an albumin of 27 and is eating very little although he will drink moderate amounts with encouragement. I feel he needs high protein drinks.

The word 'hyproproteinaemic' indicates a low protein level in the blood and reflects poor nutritional intake over a significant period of time. It often indicates chronic ill health in the

absence of excessive protein loss from the body.

Albumin of 27, this is a measurement of the protein level in the blood. The normal reading is between 37 -50 grams per litre. The albumin level is obtained from the patient's blood test results recorded in the psychiatric notes.

In order to supplement the patient's nutritional intake I have suggested that he is given a protein supplement.

The letter continues ... 'as well as a bladder wash out twice a week ...'. I have made this comment on the basis of a review of the records and/or discussions with the nurses. In cases where the catheter frequently blocks, bladder wash outs are one of the ways in which to maintain potency.

The letter continues with the following '... but overall feel that his prognosis is poor and would be happy to arrange transfer to Dryad Ward on 5 January. I gather that Code A is also aware of the poor prognosis. As he is unlikely to return to Hazeldene Rest Home I feel that his place there could be given up'.

My conclusion that his prognosis was poor was based on the following factors:-

His extreme functional dependency in the absence of an acute medical problem such as a stroke. His poor nutritional state - pressure sores together with a background of long standing depression.

It was therefore my original impression that his physical needs outweighed his psychiatric problem and the transfer to Dryad Ward was appropriate.

I would have found out whether a bed was available on Dryad Ward to be in a position to arrange the transfer on the following day the 5th January.

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With regards to Hazeldene Rest Home I have stated that Code A bed could be given up.

This I would only do when I was satisfied that the patient's condition and prognosis was so poor that he would not be able to return to the rest home.

The transfer to Dryad Ward was in order to address the patient's physical needs as well as his psychiatric needs.

The letter relating to the patient Code A is a summary of my assessment of the patient. It is intended to provide interim guidance for the staff on Mulberry Ward pending transfer and initial guidance to staff on Dryad Ward after transfer.

Finally it is intended to inform any other teams involved in the patient's care. In this case the GP, Dr ASBRIDGE .

I should make it clear that it is not intended to be a comprehensive care plan. The care plan would be devised by the medical and nursing staff after transfer to Dryad Ward.

There were 5 copies of this letter. The top copy went to Dr BANKS the referring psychiatrist, the other copies would have gone to Dr ASBRIDGE, Sister HAMBLIN , a copy placed with the patient's medical notes on Dryad Ward and a further copy filed in the Elderly Medicine office at Queen Alexandra Hospital.

I have reviewed the clinical notes of the patient Code A exhibit BJC71. There are no other entries by me. I can see no references on the nursing notes to indicate any further involvement by me in this patient's clinical management.

Where I refer to a poor prognosis this would indicate that the patient's chances of survival were slim Code A was unlikely to survive for very long.

Taken by:DC2434 GREENALL

Signed: A LORD Signature Witnessed by:
2004(1)