ARTHUR DENIS BRIAN CUNNINGHAM

My mother and Brian married in 1977, both were second marriages.

Brian had no contact with his former family at all, although my mother had seven children of whom I am the eldest, and by and large we have always been a reasonably sociable family and kept in touch with each other despite being dispersed far and wide around the world.

My mother was a victim of cervical cancer and died in 1989 at the age of 69, and it was from this that I first came across the use of syringe-drivers. The time arrived in her treatment when she was started on a syringe-driver, and the infusion of diamorphone resulted in her death within 6 days.

After this, Brian continued living alone at their home in Code A for several years. He was able to look after himself quite well with the aid of a long-standing home-help who did the domestic chores 2/3 times per week.

He was diagnosed with Parkinson's Syndrome sometime in the 1980s, and this was controlled by a variety of drugs which were reviewed on a regular basis by Dr Lord, his specialist consultant. Apart from that, he lived a reasonably normal life although he had always walked with the aid of a stick for as long as I had known him. This was due to an old spinal injury caused by an air crash during the war having been piloting an aircraft when it ran out of fuel. As a consequence, he was (I understood) to be only the second person in the country to receive a spinal repair of its type. .

He was mentally very alert with a good analytical brain

He lived with some mobility problems ever since, although agile and otherwise perfectly fit and capable. He was fully mobile with a car and later a small electric scooter that he was able to operate alone to and from the car as required. Indeed, it is from the time he acquired the scooter that I believe his physical mobility started a very slow and gradual decline that I attributed to the reduced use of his muscles.

My step-father could be a difficult man and managed to alienate people by his manner and attitude, he certainly upset other members of my family to such an extent that my wife and I seemed to be the only ones who could tolerate him. He was certainly capable of being unduly blunt and discourteous, and would readily complain about anything he wasn't happy about. In contrast though, he was a good conversationalist and often very generous to a fault.

During his later years, Brian was in and out of hospital for various ailments, and as I have said, regularly saw Dr LORD by appointment at the Dolphin Day Hospital for reviewing his Parkinsons, The DDH is within the GWMH. In his later months, as his mobility declined, he lived in a number of different Rest Homes and Nursing Homes, the last one being the Thalassa Nursing Home (TNH) in Gosport. I have read a number of misleading statements relating to this unsettled period and, for the record, I would like to say that the reason for his been unsettled was simply that he believed that each of the residences in turn were haunted, nothing to do with being dissatisfied with the standard of care as stated. The gradual progression of the Parkinsons had necessitated occasional adjustments to his medication and I am absolutely sure it was this that caused hallucinations that were at the bottom of his being unhappy and unsettled. Indeed, he knew this himself and tried his best to cope with it.

The thought of taking Brian into our own home was never far away, but the plain fact was that at the time this was an issue, his mobility had declined to the point that he could not have got in or out due to the multiple steps there are. It would have been absolutely impossible without mechanisation as I am sure Gemma could testify as she was there the other day.

On the morning of Monday, 21 Sep 1998, I had collected one of Brian's remaining boxes of belongings from his previous residence and took it to the TNH. This was only one of several such excursions over several weeks in order to allow Brian time to empty each box and arrange or dispose of the contents. Upon arrival that morning, I was informed that Brian had been admitted to the GWMH following a planned early morning appointment with Dr LORD, and that there was no further information available due to the absence of the resident nurse.

With this, I immediately went to the hospital at around 10am and, at the reception, asked if it would be convenient to see Brian as I was preparing to depart on a drive to London and would not be back for two days. I was informed that he was in Dryad Ward and given directions. During this exchange, another male member of staff in the office at the time passed the remark that **<u>that was the death ward</u>**. I was absolutely shocked by this and at the time considered it to be an utterly irresponsible and facetious thing to say to anyone.

Upon my arrival at the ward, I found Brian alone in a 4-bed cubicle, sitting up in bed on one side, and I asked him in a friendly way 'what the devil are you doing here?'. He was perfectly normal and cheerful, and said that he had a sore butt and was in for treatment (I had been vaguely aware of his behind being somewhat sore from a previous discussion). I explained that I had deposited another of his boxes in his room at the TNH prior to driving to London for a couple of days only ~~to find him~~ missing. I then asked if there was anything I could do for him or anything he needed brought-in in view of his unexpected admission, and his only request was for a supply of chocolate and a box of paper tissues (I know that he was fond of chocolate and that he needed the tissues to wipe his mouth due to the formation of excessive saliva which was one of his Parkinson's symptoms, and he was somewhat self-conscious of this). I then proceed to a local shop and bought adequate supplies to cover the period that I would be away and returned these to Brian.

ONLY TO BE TOLD YOU WERE HERE

I then asked a passing nurse for directions to the toilets prior to my journey, and was directed along to the end of a long passageway that passed about six similar cubicles to the one that Brian was in. They all had four beds in them and each had a single occupied bed whose occupants were clearly unconscious, with abnormal skin colouring. It occurred to me then (without attaching any significance to it) that it was a form of cruelty to segregate Brian into such a ward, and felt he should have been in the company of others as he was quite a gregarious person and enjoyed intelligent discussion.

I then went back to bid farewell to Brian and said I would see him the day after tomorrow on my return from London.

Before leaving the building, I asked a nurse in the reception area if it would be possible to see a doctor or someone in authority about Brian's admission, and with this I was introduced to Sister HAMBLIN. She said that Brian had the worst bedsores she could remember seeing and, incredibly, expressed the opinion that he could not survive them. She also advised me to consider making a complaint against his

Nursing Home for allowing things to deteriorate to the extent they had. I then asked to speak to a doctor and was told that I could see Dr LORD at around 5pm that day. I explained my impending absence and this was changed to the following Monday (28 Sep).

Although I wasn't aware of it at the time, the hospital notes indicate that it was actually Dr LORD who had arranged for Brian's admission following his visit to the Day Hospital that morning, and that she had produced a clear Care Plan which has been described as **competent and appropriate.** In summary, the plan alludes to aggressive treatment on the sacral ulcer, a high protein diet and 2·5-10mg of oral morphine as required at intervals of 4 hours. It also mentions that the Nursing Home bed should be kept open for three weeks.

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The following morning, I telephoned the hospital from London to enquire about Brian and was told that after I had left he had become **difficult and abusive to the staff and that he had been given something to quieten him down**. I expressed regret and said that I would visit the hospital immediately upon my return the following morning and have strong words with him about his behaviour. Knowing Brian as I did, I was confident there had been nothing more than a simple flare up due to somebody having said something to him or having done something to him he didn't like. I was given no indication that Brian's condition had deteriorated or worsened in any way, only that his behaviour had been unacceptable.

Enroute through Fareham, I collected my wife and we arrived at the hospital at approx lunchtime on Wednesday 23 Sep. I was absolutely shocked to find that Brian was totally unconscious and then discovered that he was being administered serial drugs through a syringe driver. There was no hydration or other infusion and I understood the implications immediately from my previous experience with my mother. I most certainly was not told during my telephone conversation with the hospital the day before that drugs were being administered in this way and the nursing notes are incorrect and misleading in that respect.

It later became apparent to me that the syringe-driver had actually been commenced two days before on the evening of 21 Sep, the first day of his admission, despite the existence of Dr LORD's Care Plan which prescribed 2.5-10mgs of Oramorph orally as required at intervals of 4 hours

my experiences on the MONDAY and what was said

By now, I was beginning to realise the full extent of the ***'death ward'*** comment and ~~Sister HAMBLIN's remarks on the first day of admission. I~~ was utterly appalled and demanded that the syringe driver be stopped immediately in order that I might have a final conversation with Brian. This was refused by Nurse HAMBLIN who said that only a doctor could authorise its removal. I asked for this to be obtained forthwith, and informed by Nurse HAMBLIN that the visiting doctor responsible for the ward, Dr BARTON, could not be contacted but would be visiting later that afternoon. With this, I started to feel exasperated and angry and no doubt became very rude with Nurse HAMBLIN to the point that my wife had to apologise for my behaviour, and then, miraculously the hospital vicar appeared on the scene and asked me into her office. It was as though this had been pre-arranged. During my interview, she tried to quieten me down with various platitudes including the inevitability of death and such like. After this, Nurse HAMBLIN reappeared to inform me that permission to stop the syringe driver had been refused by Dr BARTON and that she would not now be visiting until the following day. If this was an example, clearly it was not the same Dr

BARTON that we have heard was always willing to do her best for her patients and meet relatives to explain what was going on.

I was now convinced that Brian was being intentionally executed, and indeed later found written manuscript statements by Dr BARTON to that effect in the hospital records when I obtained copies during one of the early police investigations. On 21st Sep (the first day of admission) and again on 24th Sep she has written ***I am happy for staff to confirm death.***

We heard Sister JOINS and others stating that a syringe-driver was never commenced unless a patient could not swallow or refused to swallow, also that the hospital **always involved** the family in such decisions. This most certainly did not happen in Brian's case which is one reason why we are here today, and begs the question as to why Brian sent me out for chocolate on the morning of the same day he was given the syringe-driver if he couldn't eat it?

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One further point of serious concern in the medical notes is that the dosages of diamorphine have quite clearly and deliberately been over-written after the original notes were produced.

From that point on, my wife and I remained at the hospital with Brian apart night-time when we went home to rest, whilst awaiting the pleasure of Dr BARTON who finally made her appearance at about 5pm on Thursday 24 Sep. We were told unequivocally that Brian was dying due to the poisons emanating from the bedsores and that it was too late to interrupt the syringe driver which, she said, was needed to ensure he was not discomforted in any way and, in any case, it was very unlikely he would recover enough to speak coherently. I accused Dr BARTON of **murdering** Brian and the interview was rapidly terminated. My wife and I remained at Brian's bedside awaiting the inevitable, which duly happened during the late evening of Saturday 26 Sep.

I will never be able to get over the thought that Brian's death was intentional and achieved in front of my very eyes, also that I was wilfully deprived of a last opportunity to speak to him to satisfy myself that he knew what was happening and in accordance with his wishes.