

12/7/09



Doctor prescribed sedatives 'for no reason'

Five patients died after receiving lethal doses of painkillers that were administered 'without justification', General Medical Council told

By Nina Lakhani

Elderly patients at Gosport War Memorial Hospital were prescribed potentially lethal doses of painkillers and sedatives for no obvious reason, the General Medical Council was told last week.

Professor Gary Ford – a medical expert in elderly care and drug interactions – told the GMC there was no clear justification for the high doses of morphine and midazolam given to elderly patients, many of whom did not appear to have been in any pain. Professor Ford was called as an expert witness by the GMC as part of its inquiry into allegations of professional misconduct against Dr Jane Barton related to the care of 12 patients in the 1990s. Professor Ford was also used as a medical expert by Hampshire Police in earlier criminal investigations.

The cocktail of drugs prescribed by Dr Barton "most likely contributed" to the deaths of Robert

Wilson, 75, Edith Spurgin, 92, Elsie Devine, 88, Geoffrey Packman, 67 and Jean Stevens, 73, he told the five members of the Fitness to Practice Panel on Friday. But Professor Ford acknowledged that elderly patients with co-existing medical conditions can deteriorate unexpectedly.



The panel was told that the high doses of medication which patients were given soon after arriving at Gosport could not be justified, even if patients were dying.

"In good end-of-life care, the aim is to keep patients comfortable and alert. The only indication for sedating patients is if they are suffering intolerable pain, and even then they must still be monitored properly for adverse reactions to the medication. There is no justification for escalating sedatives and opiates even if the patient is getting end-of-life care," Professor Ford told the panel.

The serious side effects of the drugs, such as respiratory depression, were not considered to be relevant even though patients often went downhill soon after the drugs were started, the hearing was told.

Furthermore, the use of morphine to treat conditions other than pain was inappropriate and unjustified, and midazolam was only recommended for "terminal restlessness" – to treat physical and psychological agitation

in dying patients – and was not justified for these patients.

He also told the panel that there was "no logic" in Dr Barton's decision not to transfer Mr Packman back to the acute hospital after he developed clear symptoms of a gastro-intestinal bleed. Instead, he was started on "very high"

'Staff shortages did not justify high starting doses of painkillers'

doses of diamorphine and midazolam for no apparent reason.

Mrs Spurgin was given increasing doses of morphine for severe pain after hip surgery – being investigated. The medical notes suggest the X-ray ordered by a more senior doctor was not followed up by Dr Barton, nor was there any indication that

even basic investigations were carried out before it was concluded that Mrs Spurgin died from a stroke. Dr Barton has already admitted to sub-standard note-keeping.

Professor Ford said it was inappropriate to deal with Mrs Devine's agitation and confusion with strong painkillers which could render a patient unconscious.

"Her deterioration was undoubtedly down to the drugs she received. As with the others, sudden death can occur in elderly, frail patients, but it is difficult not to conclude that the drugs contributed to her death," he said.

Professor Ford agreed that Dr Barton would have been under greater pressure after the ward's senior doctor was not replaced when she went on maternity leave in 1998, but said that staff shortages did not justify prescribing high starting doses of painkillers in case patients developed pain.

Concerns were first raised about Dr Barton's prescribing by nurses in 1991.

The hearing continues.