

## **INTERROGATION (Dr Jane Barton)**

Significant Comments:

Para 6-8: Correctly diagnoses hallucinations as being drug-induced – this being the main cause for his unrest and changes of Rest Home (believing them to be haunted)

Para 8 and 10: **DEMENTIA never mentioned** in anything I have read or ever mentioned to me until Dr Lord's written statement on 23 Sep which mentions an ELEMENT of dementure.. How did this manifest itself?????

Para 11: Could the low white cell count and depression you report have been drug-induced ??????

Para 14: Should more aggressive action not have been taken earlier with the developing sacral sore?????

Para 16: You say ADBC had expressed a **WISH TO DIE** (17 Sep). Who to??? (it must have been LORD on 17 Sep, but omitted from her statement???) **WHY wasn't family informed???**

Para 17: Implies it was Hamblin's opinion alone that ADBC was terminally ill. Is this the case???????

Para 18: Whose responsibility was it that the sacral sore had developed to the stage it had (21 Sep)???

Para 19: Surely your position was to ensure ADBC didn't die if at all possible??? How therefore could you possibly write **THAT YOU WERE HAPPY FOR THE NURSING STAFF TO CONFIRM DEATH** on the **first day** of his admission for curative treatment???????

Para 19: Were you influenced by Para 16 above???

Para 22. If ADBC had been in the pain and distress you claim, don't you think it would have been apparent to CRSF in the late morning of 21 Sep?????

Para 22: Why was it not appropriate to pursue increased dosages of other pain relief before administering diamorphine?

Para 22: Why was such a wide range of dosage prescribed (20-200mgs) when the Wessex Protocol prescribes a starting dose 5mgs/day?????

Para 22: Were the dosage increases personally authorised by you before they were applied???

Para 23: If, as you say, Hyoscine and Midazolam were prescribed to relieve pain, etc, why was Diamorphine necessary at all?????

Para 23: If ADBC had a problem swallowing, he would surely not have sent CRSF away to buy chocolate, would he not???

Para 24: Why wasn't Oramorph given upon admission and 4-hourly (if required) as prescribed in the LORD's Care Plan???

Para 24: Why was it necessary to **double** the dosage of Oramorph at 2000 and what effect could be expected??

Para 26: Who authorised the commencement of a syringe-driver and diamorphine at around 2300, within three hours of being given a **double dose** of Oramorph???

Para 28: (Tues, 22<sup>nd</sup>) Yes, drugged into total dependence

Para 29: **NOT CORRECT** There was no mention of a syringe-driver. I was told that he had been difficult and abusive to staff after I had left on 21 Sep, and that he had been given something to quieten him down. I assured Hamblin that I would have strong words with him on my return

Para 29: You describe ADBC's unacceptable behaviour. Was this the reason he was given diamorphine and rendered comatose????/

Para 31: You say CRSF was contacted on the morning of 23 Sep but he has no recollection of this. He was travelling by road from London and upon arrival at Fareham, collected my wife, and arrived at the GWMH at around midday. It was after that he discovered ADBC was **totally comatose and found him attached to a syringe-driver**

Para 32: Did Hamblin then contact you about suspending use of the syringe-driver????

**It was after an unseemly and unhelpful episode with Hamblin that CRSF found himself being lectured by the hospital vicar on how death was part of life, etc.**

**On completion, he was told by Hamblin that permission to remove the syringe-driver had been refused – at which point it became absolutely clear that ADBC was being executed whether CRSF liked it or not, and that he would not be given the opportunity of a final conversation with him**

**ALSO told that Barton would not be visiting that afternoon for a promised interview**

**Unknown to me, the dosages of drugs were progressively increased after that until he eventually expired on 26 Sep**

Para 33, etc Barton's records of decisions she was involved in relating to **LIFE AND DEATH** are unbelievably poor, and **can only serve to mask her intentions**

Para 37: I am sure she will remember our interview, since I was furious with her and accused her of **MURDER** (or was that something that happened every day?). My

opinion has not changed, and I also think she used Hamblin (who should have known better) and unwitting staff to carry out the illegal deed

After that, all my wife and I could do was to await the inevitable

#### *SUMMING-UP*

*As the physician responsible for the treatment of patients on Dryad ward, it is utterly incomprehensible how someone in Barton's position could misinterpret a clear curative treatment regime for that of terminal care. Equally incomprehensible is the casual over-prescribing of dangerous opiates, especially without personally supervising their application at any stage. Barton has clearly been a liability to the safety of patients for a number of years, and this seems to have been with the full knowledge of her Health Authority superiors who have demonstrably failed to take action to terminate her practices, as evidenced by the statements from Nurses Turnbull and Tubritt. Indeed these nurses were even labelling trouble-makers for voicing their concerns. As if it wasn't enough to deliberately orchestrate the premature demise of ADBC, Barton also deprived ADBC's step-son of a final opportunity to hear if he had any last wishes. Aided and abetted by Hamblin, it is perfectly clear that she fully intended his demise without interference from his family against desperate attempts by them to have his treatment temporarily suspended, and compounded this by failing to acquaint them at any stage that he had expressed a wish to die. According to Hamblin, she knew that CRSF wished to speak to his step-father on Wed 23 September, and not only refused to suspend the treatment, but avoided any sort of interview until late the following day when it was less likely that ADBC could be roused. Indeed at that stage she said it was too late. In spite of her convenient memory, Barton must surely remember CRSF accusing her of murder, unless it was something that happened on a regular basis involving other families. ADBC's family will never be able to forgive or forget Barton's thoroughly despicable actions, and CRSF will never change his opinion that she murdered his step-father for her own selfish reasons and gratification*