

**EXPERT WITNESS REPORT of Dr David A BLACK (12 July 2005)**

Report commences with CONCLUSIONS – will come back to at end

Chronological Case Abstract:

*Which part of notes did you find*

- **Para 5.13:** NOT CORRECT he was not demented?? Where did this idea come from by and in what form was it displayed???

- **Para 5.18:** Expressed a wish to die. **To whom ???** (should family have been informed???)

*Have you any recollection of ~~me~~ NOT in hospital notes*

*Very caring doctor would have been expected to inform relatives.*

- **Para 5.20:** What does 'I am happy for staff to confirm death' upon admission suggest to you when patient admitted for **treatment** of an ulcer??

*I have used this phrase*

- **Para 5.22:** How long would you expect a **double** dose of Oramorph to take effect?, result?, and how long would it last? (administered at 2015)

- **Para 5.22:** Do you still think it was appropriate to commence diamorphine using a syringe-driver **less than three hours later?** (commenced at 2310)

*To advise tell you - reasonable plan of action*

- **Para 5.22** NOT CORRECT to say son was informed about the syringe-driver. This was discovered on first visit (23 Sep) – hence my anger and abusive behaviour, for which my wife apologised

*Where in this report - what does documentation say I was angry about?*

- **Para 6.7:** Should read 1997 (not 1987)

- **Para 6.8:** NOT CORRECT to say his multiple moves were due to dissatisfaction with the care he was receiving, it was because **he believed them to be haunted** (drug-induced hallucinations)

*Which documents are there that show this to be true.*

- **Para 6.13:** NOT CORRECT to say he suffered mental impairment. He was always perfectly normal and in full control of his faculties, including 21 Sep when visited by CRSF

- **Para 6.14** Suggests that his bad temper and general behaviour were related to the drugs he was taking. Possibly true to some extent, but mostly his Colonial background and attitude had some bearing (always the centre of attention and demanding – it was his manner). Strong nursing is what was needed not sedation.

- **Para 6.20:** Where was his wish to die recorded. Why was family not informed???

- **Para 6.23:** MISSES THE POINT.
  - (a) Barton also wrote **I am happy for staff to confirm death**.
  - (b) He was **never** given the Oramorph as prescribed in his Care Plan

- **Para 6.24:** Where and by who????

- **Para 6.25:** Who decided, and was this necessary after a double dose of Oramorph less than three hours before????

- **Para 6.27-30:** Correctly alludes to unjustifiable increases in the dosages

- **Para 7.3:** Admits that his life was **foreshortened by the drugs**

*Prof Black*

*For clarification should you identify why does these statements make*

(PTO)

*Author? Validation?*

What knowledge do you have of the earlier expert assessments done by Dr Munday and Profs Ford and Forrest??

### *SUMMING-UP*

*Your expert evidence has been based on FOUR incorrect statements by police witnesses and overlooks THREE critical factors:*

1. *Contrary to being demented, ADBC was sharp, educated and had a good memory (however sometimes repetitive in his statements)*
2. *Son was never informed that a syringe-driver was to be used –he discovered it on 23 September*
3. *Multiple moves of Care Home were not due to dissatisfaction with standard of care (haunted)*
4. *He did not suffer from any form of mental impairment*
5. *Overlooks that treatment was not iaw his Care Plan, that he was given terminal treatment from the first day of admission and Barton's written statement that "She was happy for staff to confirm death"*
6. *Fails to recognise that the 'chesty' condition reported on 23 Sep was most probably due to respiratory depression (shallow breathing) with a consequent inability to clear the passages caused by the diamorphine. Prof Ford makes a big issue of this.*

*Does any of this have a bearing on your conclusions????????????/*

### **If Yes**

Were you given sight of them?

Were you able to discuss their content with the authors?

Why no mention of INDUCED respiratory depression caused by opiates

Why different conclusion?

### **If No**

In 2001, by Prof Ford and Dr Mundy – influenced only by Lord and Barton's reports (only)

### **Summary by:FORD**

1. Dr Lord visited ADBC on 24 Sep – WHEN??? She must have known I was there, but never informed
2. Nursing notes mention he was agitated on evening of 21 Sep, no investigation into cause, and NOTHING ABOUT PAIN
3. FAILURE to consider deterioration and respiratory symptoms due to INDUCED respiratory depression caused by opiates
4. CONFLICT between Lord's WRITTEN care plan for curative care and oral morphine and Barton prescribing subcutaneous infusion later on same day and writing 'HAPPY FOR STAFF TO CONFIRM DEATH'