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SUMMARY OF CONCLUSIONS

Code A

In my view a significant problem in assessing this case is the poor documentation in Gosport Hospital in both the medical and nursing notes making a retrospective assessment difficult. Good medical practice (GMC 2001) states that "good clinical care must include an adequate assessment of the patient's condition, based on the history and symptoms and if necessary, an appropriate examination......." "In providing care you must keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any other drugs or treatments provided". The lack of detail in the medical notes, in particular, lack of a recorded clinical assessment at the time of his readmission on 31st January and at the time of a significant deterioration on 3rd February 1994 make it difficult to fully assess the problems suffered by Mr Houghton and the reasons for his final decline and death. However, I believe that the symptomatic response to his terminal illness was appropriate and that his death was by natural causes.

1. INSTRUCTIONS

To examine the medical records and comment upon the standard of care afforded to the patient in the days leading up to his death against the acceptable standard of the day. Where appropriate, if the care is felt to be sub-optimal, comment upon the extent to which it may or may not disclose criminally culpable actions on the part of individuals or groups.

2. ISSUES

- 2.1. Was the standard of care afforded to this patient in the days leading up to his death in keeping with the acceptable standard of the day?
- 2.2. If the care is found to be suboptimal what treatment should normally have been proffered in this case?
- 2.3. If the care is found to be suboptimal to what extent may it disclose criminally culpable actions on the part of individuals or groups?

3. **CURRICULUM VITAE**

Name	Professor David Andrew Black
Address	Code A
Telephone	Code A
DOB	
Place	Code A
GMC	Full registration. No: Code A
Defence Union	Medical Defence Union. No: Code A
EDUCATION	Leighton Park School, Reading, Berks. 1969-1973
	St John's College, Cambridge University. 1974-1977
	St Thomas' Hospital, London SE1 1977-1980

DEGREES AND QUALIFICATIONS

BA, Cambridge University	1977
(Upper Second in Medical Sciences)	
MB BChir, Cambridge University	1980
MA, Cambridge University	1981
MRCP (UK)	1983
Accreditation in General (internal) Medicine	
and Geriatric Medicine	1989
FRCP	1994
MBA (Distinction) University of Hull.	1997
Certificate in Teaching	2001
NHS/INSEAD Clinical strategists program	2003

SPECIALIST SOCIETIES

British Geriatrics Society

British Society of Gastroenterology

British Association of Medical Managers

PRESENT POST

Dean Director of Postgraduate Medical and Dental Education
Kent, Surrey and Sussex Deanery. 2004-present
Consultant Physician (Geriatric Medicine) 1987-present
Queen Marys Hospital, Sidcup, Kent.
Associate member General Medical Council 2002-2005

PREVIOUS POSTS

Associate Dean.				
London Deanery.	2004			
Medical Director (part time)	1997-2003			
Queen Mary's Hospital				
Operations Manager (part time)	1996-1997			
Queen Marys Hospital, Sidcup, Kent				
Senior Registrar in General and Geriatric Medicine				
Guy's Hospital London and St Helen's Hospital				
Hastings.	1985-1987			
Registrar in General Medicine and Gastroenterology				
St Thomas' Hospital, London.	1984-1985			
Registrar in General Medicine				
Medway Hospital, Gillingham, Kent	1983-1984			
SHO rotation in General Medicine				
Kent & Canterbury Hospital, Canterbury	1982-1983			
SHO in General Medicine				
Kent & Sussex Hospital, Tunbridge Wells	1981-1982			
House Physician, St Thomas' Hospital	1981			
House Surgeon, St Mary's Portsmouth	1980			

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RECENT SIGNIFICANT PRESENTATIONS

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The Organisation of Stroke Care. Physicians and managers working together to develop services. Professional training and clinical governance in geriatric medicine. All at Argentinean Gerontological Society 50th Anniversary meeting. Nov 2001 The future of Geriatric Medicine in the UK. Workshop: American Geriatrics Society May 2002

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Professional Performance & New Consultants. London Deanery Conference April 2004

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Mentoring as part of consultant induction. Surviving to Thriving. New Consultant Conference, London June 2004

360 Degree Appraisal. Chairman National Conference. Nottingham June 2004 Maintaining Professional Performance. BAMM Annual Summer School. June 2004 Chronic Disease management. BGS Council Study Day. Basingstoke. July 2004 MMC post FP2. BGS Study Day. Basingstoke. July 2004

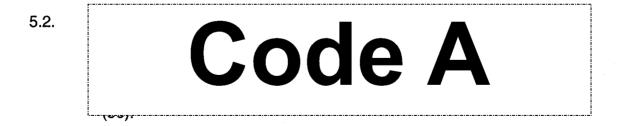
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4. DOCUMENTATION

This Report is based on the following documents:

- [1] Full paper set of medical records of Clifford Houghton (BJC/28)
- [2] Operation Rochester Briefing Document Criminal Investigation Summary.
- [3] Hampshire Constabulary Operation Rochester Guidance for Medical Experts.
- [4] Commission for Health Improvement Investigation Report on Portsmouth Health Care NHS Trust at Gosport War Memorial Hospital (July 2002).
- [5] Palliative Care Handbook Guidelines on Clinical Management, Third Edition, Salisbury Palliative Care Services (1995); Also referred to as the 'Wessex Protocols.'
- 5 CHRONOLOGY/CASE ABSTRACT. (The numbers in brackets refer to the page of evidence).
 - 5.1. Clifford Houghton was a 71 year-old gentleman whose final admission was as an emergency on 31st January 1994 to the Gosport War Memorial Hospital.



Code A

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5.4.

5.5.

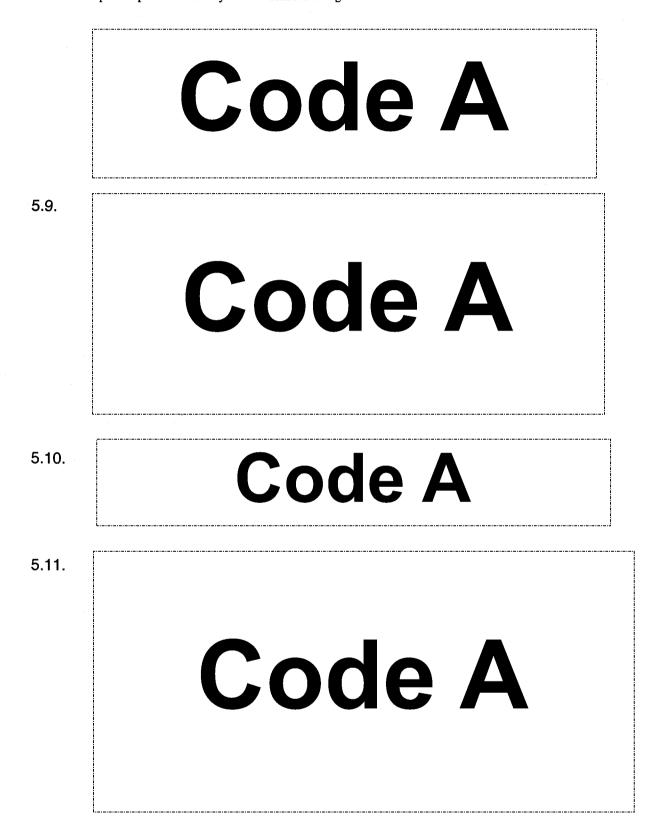
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Code A

5.8.

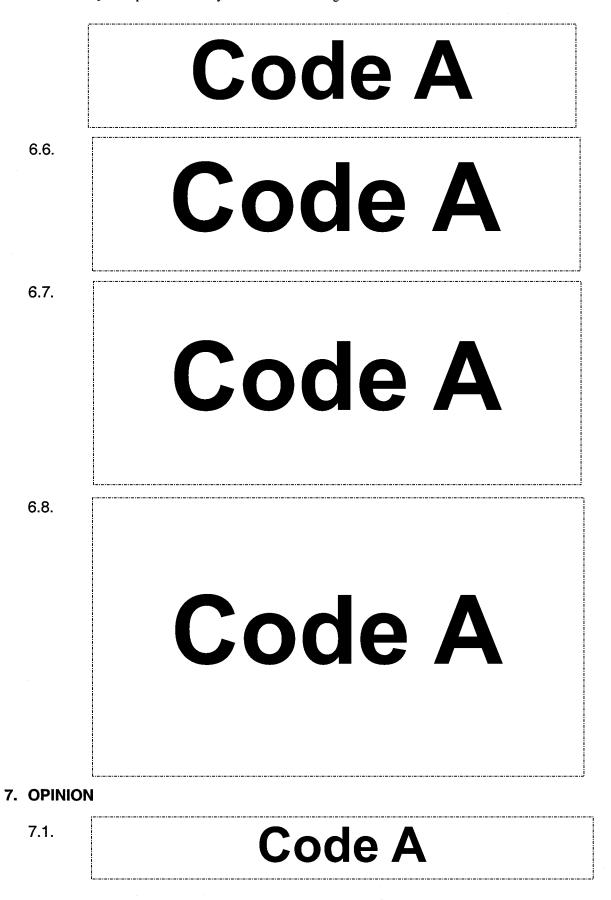
Code A



6. TECHNICAL BACKGROUND / EXAMINATION OF THE FACTS IN ISSUE

6.1. This section will consider whether there were any actions so serious that they might amount to gross negligence or any unlawful acts, or deliberate unlawful killing in the care of Clifford Houghton. Also whether there were any actions or omissions by the medical team, nursing staff or attendant GP's that contributed to the demise of Clifford Houghton, in particular, whether beyond reasonable doubt, the actions or omissions more than minimally, negligibly or trivially contributed to death.

6.2. Code A 6.3. Code A Code A 6.4. Code A 6.5. Code A



Code A

7.2. In my view a significant problem in assessing this case is the poor documentation in Gosport Hospital in both the medical and nursing notes making a retrospective assessment difficult. Good medical practice (GMC 2001) states that "good clinical care must include an adequate assessment of the patient's condition, based on the history and symptoms and if necessary, an appropriate examination......" "in providing care you must keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any other drugs or treatments provided". The lack of detail in the medical notes, in particular, lack of a recorded clinical assessment at the time of his readmission on 31st January and at the time of a significant deterioration on 3rd February 1994 make it difficult to fully assess the problems suffered by Mr Houghton and the reasons for his final decline and death. However, I believe that the symptomatic response to his terminal illness was appropriate and that his death was by natural causes.

8 LITERATURE/REFERENCES

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- 2. Withholding withdrawing life, prolonging treatments: Good Practice and decision making. General Medical Council 2002.
- 3. Palliative Care, Welsh J, Fallon M, Keeley PW. Brocklehurst Text Book of Geriatric Medicine, 6th Edition, 2003, Chapter 23 pages 257-270.
- 4. The treatment of Terminally III Geriatric Patients, Wilson JA, Lawson, PM, Smith RG. Palliative Medicine 1987; 1:149-153.
- 5. Accuracy of Prognosis, Estimates by 4 Palliative Care Teams: A Prospective Cohort Study. Higginson IJ, Costantini M. BMC Palliative Care 2002:1:129
- 6. The Palliative Care Handbook. Guidelines on Clinical Management, 3rd Edition. Salisbury Palliative Care Services, May 1995.

9. EXPERTS' DECLARATION

- 1. I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.
- 2. I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert are required.
- 3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.
- 4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
- 5. Wherever I have no personal knowledge, I have indicated the source of factual information.
- 6. I have not included anything in this report, which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.
- 7. Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.
- 8. At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.
- I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.
- 10. I have attached to this report a statement setting out the substance of all facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

10. STATEMENT OF TRUTH

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and the opinions I have expressed represent my true and complete professional opinion.

Signature: Date:	
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