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Dr Jonathan Marshall
1st April 2005

Patient name Geoffrey Packman (Ref no. BJC/34) - Draft Report

REPORT

regarding

Geoffrey PACKMAN (Ref No. BJC/34)

PREPARED BY: Dr Jonathan Marshall

AT THE REQUEST OF: Hampshire Constabulary

CONTENTS

1. SUMMARY OF CONCLUSIONS
 2. INSTRUCTIONS
 3. ISSUES
 4. BRIEF CURRICULUM VITAE
 5. DOCUMENTATION
 6. CHRONOLOGY/CASE ABSTRACT (Were applicable)
 7. TECHNICAL BACKGROUND / EXAMINATION OF THE FACTS IN ISSUE
(Were applicable)
 8. OPINION
 9. LITERATURE/REFERENCES
 10. EXPERTS' DECLARATION
 11. STATEMENT OF TRUTH
- APPENDICES

1. SUMMARY OF CONCLUSIONS

Code A

2. INSTRUCTIONS

I was asked to prepare this report on the instructions of Detective Sergeant Dave GROCOTT of Hampshire Constabulary based at Fareham Police Station, Quay Street, Fareham, Hampshire PO16 0NA.

3. ISSUES

I was asked to consider the following issues.

- 3.1 Can you review the papers and establish beyond all reasonable doubt whether or not the gastrointestinal bleed was treatable? If it was, at what point should it have been offered?
- 3.2 What treatment should have been considered in Mr Packman's case?
- 3.3 Should non-invasive exploration have been considered by doctors whilst Mr Packman was a patient at Haslar Hospital?
- 3.4 Was Mr Packman morbidly obese? If so was he unfit therefore for surgery?

4. BRIEF CURRICULUM VITAE

Dr. Jonathan Charles MARSHALL MBBSc MRCP MD

Work:

Code A

GMC registration Number

CSST: Dual Accreditation General Internal Medicine and Gastroenterology
1st June 2000

EDUCATION and QUALIFICATIONS

Medical School: University College and The Middlesex, 1982–1988

Higher Qualifications: MD: December 2001 University of London
CSST: Medicine and Gastroenterology June 2000
MRCP: 1993
BSc: Physiology with Basic Medical Sciences: Upper Second Class,
University College, London 1985
MBBS: University of London 1988

PROFESSIONAL TRAINING

General Medical Training

Current:

- Dual accreditation General Internal Medicine and Gastroenterology 1st June 2000.
- Currently perform general medical duties at consultant level.
- Medical on-call shared with senior colleagues on alternate basis.
- In-patient general medical commitment of 1-2 ward-rounds per week.

Specialist Gastroenterology Training

Gastroenterology Career History:

- Student elective: Prof Cotton, Duke University, North Carolina.
- Basic endoscopic skills learnt as an SHO with Dr Barrison.
- Clinical and endoscopic skills further developed at Welwyn Garden City.
- The North Middlesex Hospital, presented a wide range of gastroenterological problems due to the ethnically diverse and mobile nature of the local population.
- The Royal Free Hospital provided specialist hepatology, liver transplantation and inflammatory bowel disease training.
- Research for MD thesis into *H.pylori* in alcoholic liver disease enabled development of a special interest in this area.
- The Whittington allowed further development of general and therapeutic endoscopic skills.
- King George Hospital, Ilford, enabled further development of therapeutic endoscopy including ERCP.
- Currently perform two out-patient clinics and 2-3 endoscopy lists per week

Endoscopic Training:

Trained to BSG guidelines for Upper Endoscopy (diagnostic and therapeutic), flexible sigmoidoscopy and colonoscopy (diagnostic and therapeutic).

Clinical lead for endoscopy on the Horton Hospital site for the Oxford Radcliffe NHS Trust

PUBLICATIONS

Published Papers and Abstracts.

Marshall JC, Sharp E, Barrison I.G.

"Once bitten, twice shy": Multiple abscesses in an 18 year-old female.

BMJ (1994) 309: 1694-1695.

Lagnado L, Marshall JC, Lodge L.

S-methyl-3-propranolamine (S-MDP) but neither papaverine nor noscapine is an N-methyl aspartate antagonist.

Neuroscience letters (1985) 21: 56A

Marshall JC, Gordon HM, Madden AM, Morgan MY

Alcohol Consumption and Severity of Liver Disease Influences *Helicobacter pylori* infection in cirrhotic liver disease.

Alcoholism Clin and Exp (1998) 22: 172A

Marshall JC, Gordon HM, Madden AM, Morgan MY

Seroprevalence of *Helicobacter pylori* in Chronic Liver Disease and its Relation to Alcohol Misuse.

Hepatology (1998) 28: 199A

Marshall JC, Morgan MY, Walker MM

Upper Gastrointestinal Pathology In relation to *Helicobacter pylori* Status in Alcohol Misusers

Gut (1999) 44 A118

Marshall JC, Karim QN, Worku M, Morgan MY, Walker MM

Motility and Survival of *Helicobacter pylori* in Alcoholic Beverages.

Gut (1999) 45 A15

Wallace DF, Gordon HM, Marshall JC, Walker AP, Dooley JD, Morgan MY

The Role of HFE Mutation in Determining predisposition to Alcohol Related Cirrhosis in a Celtic Population.

Gut (1999) 45 A36

Marshall JC, Karim QN, Worku M, Morgan MY, Walker MM

Motility and Survival of *Helicobacter pylori* in Organic and Non-Organic Alcoholic Beverages.

Gut (2000) 46 A87

Marshall JC, Lample F, Gordon, HM, Morgan MY

Seroprevalence of *H.pylori* is Influenced by Alcohol Consumption and Severity of Liver Injury

Gastroenterology (2000) 118 A1270

Marshall JC, Karim QN, Worku M, Morgan MY, Walker MM

Motility and Survival of *H.pylori* in Alcoholic Beverages

Gastroenterology (2000) 118 A1356

Chapters

Marshall J.C., Mettler F. Management of accidentally radioactively contaminated patients. In Radiation Accidents ed Mettler.

Poster Presentations

Alcohol Consumption and Severity of Liver Disease Influences *Helicobacter pylori* infection in cirrhotic liver disease.

Poster Presentation, Ninth Congress of the International Society for Biomedical Research on Alcoholism (ISBRA) Copenhagen, (1998)

Seroprevalence of *Helicobacter pylori* in Chronic Liver Disease and its Relation to Alcohol Misuse.

Poster Presentation at the International Association for the Study of the Liver (IASL) Biennial Meeting Chicago, (1998)

Upper Gastrointestinal Pathology In relation to *Helicobacter pylori* Status in Alcohol Misusers

Poster Presentation, British Society of Gastroenterology (BSG) Glasgow (1999)

Motility and Survival of *Helicobacter pylori* in Alcoholic Beverages.

Poster Presentation, The European *H.pylori* Society Helsinki (1999)

Motility and Survival of *Helicobacter pylori* in Organic and Non-Organic Alcoholic Beverages.

Poster Presentation, British Society of Gastroenterology (BSG) Birmingham (2000)

Accepted Papers

Walker MM, Marshall JC

H.pylori and Gastric Pathology-Ask your Sommelier

Accepted Z. Gastroenterology December 2000

Marshall JC, Lample F, Morgan MY

H.pylori Infection and Hepatic Encephalopathy: The Problem of Confounding Variables

Accepted as poster International Meeting on Hepatic Encephalopathy Strasbourg November 2001

Papers Submitted or in Preparation

Marshall JC, Lample F, Madden M, Gordan H.M, Morgan M.Y.

Seroprevalence of *H.pylori* in liver disease: Influence of liver disease and alcohol consumption

In preparation for Gastroenterology

Marshall JC, Morgan MY, Walker MM

Chemical Gastritis is Not Influenced by Alcohol Consumption

In preparation for J. of Clinical Pathology

5. DOCUMENTATION

This Report is based on the following documents:

[1] Full paper set of medical records of Geoffrey Packman

6. OPINION

Question 1

Can you review the papers and establish beyond all reasonable doubt whether or not the gastrointestinal bleed was treatable? If it was, at what point should it have been offered?

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Question 2 and 3

What treatment should have been considered in Mr Packman's case? Should non-invasive exploration have been considered by doctors whilst Mr Packman was a patient at Haslar Hospital?

Code A

Question 4

Was Mr Packman ? If so was he unfit therefore for surgery?

Code A

9. LITERATURE/REFERENCES

British Society of Gastroenterology (BSG) Endoscopy Committee: Management of non-variceal upper gastrointestinal haemorrhage: guidelines Published in Gut October 2002 supplement no iv vol 51

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.
9. 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.

11. 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 are complete professional opinion.

Signature: _____

Code A

Date: _____

26/4/05