MC7

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Code A

Code A

25 Oct 09

Chief Constable
Hampshire Constabulary
Police Headquarters
West Hill
Winchester
SO22 5DB

Dear Mr Marshall,

OPERATION ROCHESTER (Your Ref: CC/KPB/OR)

Further to our previous correspondence, I have since attended two interviews with Mr Paul Close of the CPS, and understand that I should make you aware of my main concerns relating to the untimely demise of my step-father, Arthur Denis Brian Cunningham.

You will be aware that I placed complete trust in the thoroughness of the police investigations to get to the bottom of what happened and bring charges against the perpetrators. It was with disbelief that I found that no charges were to be made and consequently, I sat through much of the evidence that was presented to the coroner and the GMC Fitness to Practice panel in recent months..

There is little doubt in my mind that the evidence available is utterly damning in the case of Mr Cunningham, and supports my own views from the time that he was killed intentionally. I was there personally and saw what happened, and I will never be able to forget the detached and frivolous manner in which the medical staff of Dryad Ward regarded human life.

From the evidence I have seen and heard at the recent hearings, I particularly need answers to the following issues:

1. Why was it that a junior doctor (Dr Barton) and her staff were able to totally ignore Mr Cunningham's 'competent and reasonable' care-plan (expert witness) written by his more senior medical consultant (Dr Lord) on the morning of his admission, and commence the terminal pathway ON THE SAME DAY? I spoke to Mr Cunningham that morning and there was no mention of pain, also I was asked to go to the local shops for a supply of chocolate for consumption.

2. Why was it that I was never told that, according to Dr Lord's notes some days before his admission, he had asked her to terminate his life?

3. I was informed upon my arrival at the hospital that Mr Cunningham was in 'the death ward'. How was this possible when I found him in much the same condition as before, cheerful and awaiting treatment for a bed-sore on the morning of his admission?

4. How was it that when I next saw him 48 hours later he was unconscious and I was denied the opportunity of ever again speaking to him when I asked for the application of drugs to be reduced, albeit temporarily?

5. Why were the drugs stepped up dramatically after my interview with Dr Barton even though he had been totally comatose in my presence for the 30 hours or more before?

6. Dr Barton says she cannot remember me calling her a murderer (witnesses were present), I wonder why?

7. Why did Drs Lord, Barton and Brook (Barton's partner who certified death in the absence of Barton) all refuse to interview me?

8. Why did the Certificate of Death specify the cause as bronchopneumonia when Mr Cunningham had no such complaint. Evidence presented at both the inquest and the GMC indicate that this is caused by respiratory depression which, in turn, is the result of excessive drugs.

9. Why was the coroner so reluctant to conduct a post-mortem when requested by me, and why did he fail to carry out toxicology tests as specifically requested? (If toxicology tests were carried out, the results have never been made known)

10. Why is the government so keen to keep the Baker Report out of the public domain?

I am sure there many other questions I would like to ask, but feel that is enough for now. I am as keen as anyone to put this matter behind me and move on in life, but the thought that nothing was done to bring the guilty to justice is abominable.

It would give me and my family huge relief to hear that you have asked the CPS to proceed with prosecution(s). After all, these were privately promised by your officers when this investigation was underway some years ago, but seems to have hit the buffers around the time Mr Blair was able to stand up in the House of Commons and announce, following Shipman, that 'procedures had been put in place that we (the public) would never see another Shipman'.

Finally, I have enclosed a copy of comments made by the GWMH Patient Affairs Officer which, I think, rather crystallise certain aspects of this case and should be investigated.

I look forward to hearing further, and will make myself available to assist in any way possible.

Kind regards,

Code A

Charles Stewart-Farthing

Copy to:

Blake Lapthorne (Mr J White)
AvMA (Mr P Walsh)
CPS (Mr P Close)

Post-INDEPENDENT ON SUNDAY comment dated 28 June 2009-06-28

Inappropriate use of painkillers - GWMH

Code A wrote:

Sunday, 28 June 2009 at 09:38 am (UTC)

I was the Patient Affairs Officer at GWMH during part of the period post 1994 when this situation was ongoing. Part of my job was to return personal effects, help with funeral arrangements and pass death certificates to the families of the bereaved. I was concerned about the number of deaths occurring, particularly when on one afternoon alone (I worked 15 hours a week, from 2 p.m. until 5 p.m. Monday to Friday) the next of kin of 8 separate patients, who had passsed away during the previous night, were waiting to see me. The cause of death on most of the death certificates was given as Pneumonia. I mentioned my concerns to several members of staff, and my manager, especially as I had been present on the wards when patients had been distressed and frightened about being prescribed painkillers administered via a driver. Some were frightened to go to sleep; they were afraid they would not wake up. I was always told I shouldn't involve myself in medical matters as it was none of my business. I have never been asked to give evidence at the inquests, or any of the enquiries. Eventually I resigned my post as I was unable to give the level of help necessary to the bereaved families in the 15 hours allocated to the post. In addition to counselling the bereaved, I arranged and attended funerals/cremations of those patients who had no family, and liaised with the Teasury Solicitor with regard to their affairs. I was also responsible for the patients' expenses and pensions, and the maintenance and auditing of the petty cash and other budgets on a weekly basis. The hospital's budgets were so tight, there was not enough money to fund the post in order to offer even a basic service.