



EDWIN CARTER

Edwin Carter

Date of Birth:
Date of admission to GWMH: **8th November 1993**
Date of and time of Death: **12.05 hrs on 24th December 1993**
Cause of Death:
Post Mortem: **Burial**
Length of Stay: **47 days**

Mr Carter's past medical history shows he suffered from:-

Code A

Mr Carter was a widower with a son and lived in a rest home in Southsea. He was a retired civil servant for the Department of Health. He was noted to be deaf and nearly blind and had a slightly slurred speech. A number of care plans were completed dated the 8th November 1993 for

Code A

8th November 1993

Code A

10th November 1993

Code A

13th November 1993

Code A

20th November 1993

Code A

21st November 1993

Code A

22nd November 1993

Code A

11th December 1993

Code A

12th December 1993

Code A

13th December 1993

Code A

20th December 1993

Code A

22nd December 1993

Code A

23rd December 1993

Code A

24th December 1993

Code A

Operation Rochester.
Clinical Team's Assessment Form

Code A

Illness

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

EDWIN CARTER

Code A

Exhibit number

BJC-08

Gen	Intend to Cause
<h1>Code A</h1>	

General Comments

<h1>Code A</h1>

Final Score:

Screeners Name: R E Ferner

Date Of Screening:

Signature

BJC/08
EDWIN CARTER
92

Code A

BJC/08	Carter, Edwin 11/3/08	<h1>Code A</h1>	A4

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Officer's Report

Number: R7Z

TO:
STN/DEPT:

REF:

FROM: Code A
STN/DEPT: MCD EREF:
TEL/EXT:

SUBJECT:

DATE: 17/11/2003

In accordance with the policy file I visited Edwin CARTER at his home address at 1130 hrs, 17/11/2003.

I gave him a copy of his father's medical notes (microfilm) and recounted his concerns as given to DC Code A on 13/11/2002.

Additional information is as follows.

Mr CARTER is described as being like 'Alf GARNETT', he was, in his son's words, belligerent and rude. He had been removed from two rest homes prior to living in St Michael's Lodge .

He was moved downstairs to a different ward and into his own room after an altercation with a staff nurse in the upper ward at the GWMH .

He had received previous treatment in the QA hospital for cataracts and a cracked pelvis.

Mr CARTER (JN) would visit his father 2/3 times a week at the GWMH. He says that his father was eating and pretty well 'up together' he was chatty and '???' up until a week before his death.

Mr CARTER has no recollection of being spoken to about the use of diamorphine in his father's case.

He states that on Christmas Eve, he visited his father during the afternoon and that although he appeared 'drugged up' he was able to converse when he was not asleep.

Mr CARTER left his father sometime around 4pm (1600) to go home. He was contacted at 5pm (1700) by the hospital to say that his father had 'passed away'. Mr CARTER went directly to the hospital, arriving at 5.30pm (1730) to discover that all of his father's belongings were in a black plastic bag.

When Mr CARTER had left the hospital earlier there had been no indication that his father was near to

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DOCUMENT RECORD PRINT

death.

Dr BARTON signed the death certificate giving 1a Bronchopneumonia and II Carcinoma of the stomach as cause of death.

Mr CARTER (Snr) had worked as a fitter of torpedo tubes during the war, lived for part of his life in Australia and became a boiler marker in the Portsmouth Dockyard.

Mr CARTER would have no objection to being notified of his father's case by post.

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Edwin Carter

No. BJC/08

Date of Birth: **Code A**

Date of Death: 24 December 1993

Mr Carter was a widower and was admitted to the Gosport War Memorial Hospital on 8 November 1993 for pain control and long term care. He had a previous history of a cerebrovascular accident and was believed to have stomach cancer.

On admission, it was noted that Mr Carter was reluctant to eat, needed help with

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Code A

Mr Carter was seen by Dr Lord on 20 December 1993 where it was noted that a Code A could be commenced when necessary. This proved to be the case on 22 December 1993. Mr Carter died two days later.

Some of the experts note that the dose of opiates was quadrupled at the time of transfer to a syringe driver.

Although the experts questioned why such dosage should have been given, they acknowledge that Mr Carter was already so close to death that it would not have made any significant difference to his length of life.

There was a variation in initial views amongst the experts but they concluded, on reviewing the notes that, although the treatment may have been negligent, it did not appear there was any attempt to cause harm to Mr Carter.