

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: **BLACK, DAVID ANDREW**Age if under 18: **OVER 18** (if over 18 insert 'over 18') Occupation: **CONSULTANT PHYSICIAN**

This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: **D BLACK**Date: **10/08/2005****SUMMARY OF CONCLUSIONS**

Gladys RICHARDS presents an example of a common, complex problem in geriatric medicine. A patient with one major progressive and end stage pathology (a dementing illness) develops a second pathology, has surgery, has a complication after that surgery, has more surgery and gradually deteriorates and dies.

In my view a major problem in assessing this case is poor documentation in Gosport Hospital in both the medical and nursing notes, making a retrospective assessment of her progress 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 drugs or other treatments prescribed". "Good clinical case must include - taking suitable and prompt action when necessary".... "Referring the patient to another practitioner when indicated"...."in providing care you must - recognise and work within the limits of your professional competence"..."prescribe drugs and treatments, including repeat prescriptions only where you have adequate knowledge of the patients health and medical needs". The lack of detail in the medical notes, the absence of evidence of asking for advice on 17th August and the lack of recording why decisions were made or if the patient was properly examined present poor clinical practice to the standards set by the General Medical Council. In particular, I am concerned the anticipatory prescription of

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Opioid analgesia on her admission to Gosport War Memorial Hospital. If no justification for this can be identified or proven, then I believe that this was negligent practice and may have contributed to her fall on the ward. I also believe that the dose of Diamorphine, in particular prescribed on the 17th August, was sub optimally high. However I do not believe this contributed in any significant way to Mrs RICHARDS death and that her 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 her 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 her 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 David Andrew BLACK

Address Telephone E-mail: DOB Place Marital status Signed: D BLACK
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GMC

Full registration. No: Code A

Defence Union Medical Defence Union. No: Code A

EDUCATION

Code A

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-present

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Form MG11(T)(CONT)
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| | |
|--|-----------|
| 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 |

PUBLICATIONS

Acute Extrapramidal Reaction to Nomifensine

DA BLACK, IM O'Brien

Br Med J, 1984; 289; 1272

Transit Time in Ulcerative Proctitis

DA BLACK, CC Ainley, A Senapati, RPH Thompson

Scand J Gastro, 1987; 22; 872-876.

Lingual Myoclonus and Dislocated Jaw

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DA BLACK, S Das

Br Med J, 1986; 292; 1429

Endoscopic Sclerotherapy for Bleeding Oesophageal Varices in the Elderly

DA BLACK, RPH Thompson

J Clin and Exper Gerontol, 1987; 9: 131-138

Mental State and Presentation of Myocardial Infarction in the Elderly

DA BLACK

Age and Ageing, 1987; 16; 125-127

Hyperbilirubinaemia in the Elderly

DA BLACK, I Sturgess

J Clin and Expt Geront, 1987, 9, 271-284

Malabsorption: Common Causes and their Practical Diagnosis

DA BLACK

Geriatrics 1988, 43, 65-67

Pseudotumour Cerebri in a patient with Castleman's Disease

DA BLACK, I Forgacs, DR Davies, RPH Thompson

Postgrad Med J, 1988; 64; 217-219

Non-Surgical Intervention; A First Choice in obstructive Jaundice

DA BLACK

Geriatric Medicine, 1988; 18(4); 15-16

Endoscopy: Investigation of choice for many Elderly GI Problems

DA BLACK

Geriatric Medicine, 1988; 18(9); 14-16

Hepatic Stores of Retinol and Retinyl Esters in Elderly People

DA BLACK, E Heduan and WD Mitchell

Age and Ageing, 1988; 17; 337-342

Elderly People with low B12 Levels do need Treatment

DA BLACK

Geriatric Medicine 1989, 19(1); 21-22

NSAIDS and Ulcer disease in Old Age

DA BLACK

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Geriatric Medicine (special supplement) April 1989; 4-5, 8-11

The Independent Living Fund

DA BLACK

Br Med J (editorial) 1989, 298; 1540

Ischaemic Hepatitis

DA BLACK

Geriatric Medicine, 1989, 19(9); 92

Laparoscopic cholecystectomy: not without pitfalls in the elderly

DA BLACK

Geriatric Medicine 1991 21(10); 21

The successful medical management of gastric outflow obstruction associated with the use of non-steroidal anti-inflammatory drugs in the elderly

RJ GERAGHTY, DA BLACK and SA BRUCE

Postgrad Med J 1991; 67; 1004-1007

Bronchodilator response to nebulized salbutamol in elderly patients with stable chronic airflow limitation

RJ GERAGHTY, C Foster, DA BLACK & S Roe

Respiratory Medicine 1993 23(5); 46-57

The reality of community care: a geriatricians viewpoint

DA BLACK

In: Care of elderly people. South East Institute of Public Health 1993; 81-89

Accidents: a geriatrician's viewpoint

DA BLACK

In: Care of elderly people. South Thames Institute of Public Health. 1994; 53-58.

Community Care Outcomes

DA BLACK

Br J of Clin Pract 1995 49(1); 19-21

Choice and Opportunity

DA BLACK

Geriatric Medicine 1996 26(12) 7.

Emergency Day Hospital Assessments

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DA BLACK

Clinical Rehabilitation. 1997; 11(4); 344-347

Geriatric Day Hospital. A future?

DA BLACK

Opinion in General and Geriatric Medicine. 1997, 1.1, 4-6.

The Health Advisory Service

DA BLACK

JAGS 1997; 45; 624-625.

The Rhetoric and Reality of Current Management Training for NHS Clinical Directors

DA BLACK

MBA dissertation. 1997. University of Hull.

Community Institutional Medical Care- for the frail elderly.

DA BLACK & CE Bowman

Br Med J. (Editorial). 1997, 315; 441-442.

Remains of the day.

DA BLACK

Health Services Journal. 1998. 19 Feb. p32.

Nutritional problems in old age

DA BLACK

Opinion in General and Elderly Medicine. 1998. 2(1): 12-13.

Constipation in the elderly :causes and treatments.

DA BLACK

Prescriber. 1998; 9(19); 105-108.

Intermediate not Indeterminate Care

CE BOWMAN & DA BLACK

Hospital Medicine. 1998; 58; 877-9

Improving geriatric services

DA BLACK

JRColl Physicians Lond 1999; 33: 113. (also p152)

General internal medicine and speciality medicine- time to rethink the relationship.

JM Rhodes, B Harrison, D BLACK et al.

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JR Coll Physicians Lond 1999, 33: 341-347.

Iron deficiency in old age

DA BLACK & CM Fraser.

British Journal of General Practice. 1999; 49; 729-730

A systems approach to elderly care

DA BLACK, C Bowman, M Severs.

Br J Health Care Management, 2000, 6(2), 49-52

The Modern Geriatric Day Hospital

DA BLACK.

Hospital Medicine. 2000.61(8);539-543

Complaints, Doctors and Older People

DA BLACK

Age and Ageing. 2000; 29(5):389-391.

NSF Overview

DA BLACK

Geriatric Medicine 2001; 31(4):11-17 & 31(5)

Anaemia

D Sulch, DA BLACK

Geriatric Medicine 2001; 31(6): 46-49

Professional Review Mechanism. Chapter in: Clinical Governance Day to Day.

DA BLACK.

British Association of Medical Managers 2002; 41-56.

Induction for newly appointed consultants

DA BLACK

Clinician in Management. 2002; 11(1); 9-13

Average length of stay, delayed discharge and hospital congestion.

DA BLACK and M Pearson

BMJ 2002;325:610-611

An audit of outcomes in day hospital based crisis interventions.

David A BLACK

Age Ageing 2003; 32; 360-361

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Quality Improvement in the UK

DA BLACK

Chapter 119 In: Brocklehurst's Textbook of Geriatric Medicine. 6th Edition Ed: Tallis and Fillit. 2003.

The new NHS framework for handling performance concerns.

David A BLACK

Hospital Medicine 2004; 65 (2): 112-115

Not because they are old- revisited

DA BLACK

Age and Ageing. 2004;33; 430-432

BOOK

British Geriatrics Society compendium of policy statements and statements of good practice.
Edited by DA BLACK & A Main. First Edition. 1995.

RECENT SIGNIFICANT PRESENTATIONS

Secondary care as part of the whole system. Laing & Buisson conference on intermediate care.
April 2001

The impact of the NSF on everyday Clinical Care. Conference on Clinical governance in elderly care . RCP May 2001

The Geriatricians view of the NSF. BGS Autumn Meeting 2001

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

Liberating Front Line Leaders. Workshop: BAMM Annual Meeting June 2002

Revalidation - the State of Play. A Survival Guide for Physicians. Mainz July 2002

Medical Aspects of Intermediate Care. London Conference on building intermediate care services for the future. Sept 2002

Developing Consultant Careers. Workshop: BAMM Medical Directors Meeting. Nov 2002

Lang and Buisson. Update on Intermediate Care Dec 2002

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Intermediate Care Update: London National Elderly Care Conference. June 2003.
 Appraisal- an update. GMC symposium on revalidation. Brighton. June 2003.
 Innovations in emergency care for older people. HSJ Conference. London July 2003.
 Emergency Care & Older People: separate elderly teams? RCP London March 2004
 Professional Performance & New Consultants. London Deanery Conference April 2004
 Mentoring as part of induction for new consultants. Mentoring in Medicine Conference.
 Nottingham. April 2004
 The Future of Chronic Care- Where, How and Who? CEO & MD conference. RCP London. June
 2004
 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. BAMB Annual Summer School. June 2004
 Chronic Disease management. BGS Council Study Day. Basingstoke. July 2004
 MMC post FP2. BGS Study Day. Basingstoke. July 2004
 Designing care for older peoples. Emergency services conference. London July 2004.
 The Modern Geriatric Day Hospital. Multidisciplinary Day. South East Kent hospitals. Sept 2004
 Geriatricians and Acute General Medicine. BGS Autumn Meeting . Harrogate Oct 2004

4. DOCUMENTATION

This Report is based on the following documents:

- [1] Full paper set of medical records of Gladys RICHARDS (BJC/41)
- [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.'

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5. CHRONOLOGY/CASE ABSTRACT. (The numbers in brackets refer to the page of evidence, the numbers with 'H' in front are the Haslar notes).

5.1 Gladys RICHARDS was a 91 year old lady and in 1998 was admitted as an emergency on 29th July 1998 to the Haslar Hospital (H39).

Code A

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Code A

Code A

Code A

Code A

Code A

Code A

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Page 18 of 19**8 LITERATURE/REFERENCES**

1. Good Medical Practice, General Medical Council 2002
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 Ill 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
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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.

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.

Signed: D BLACK
2004(1)

Signature Witnessed by:

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