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Code A			
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Expert Review

John Ritchie

No. BJC/43

Date of Birth: **Code A**

Date of Death: 3 November 2001

There is a question amongst the experts as to whether the Medical Notes for this patient have been correctly identified. The files that I have been provided with relate to John Frank Ritchie, date of birth **Code A** whereas the Officer's Report deals with a John Ralston Ritchie, date of birth 7 June 1899.

Expert Review

Joan Ramsey

No. BJC/39/JR05

Code A

Mrs Ramsey is still alive.

Mrs Ramsey has an extensive medical history, including right and left fractured hips in 1998 and 2000.

Following her operation in July 2000, Mrs Ramsey was admitted to Gosport War Memorial Hospital having been treated in Haslar Hospital. Mrs Ramsey was in severe pain and being treated with increasing analgesia. The sub optimal grading of this patient was due to the length of time it took to diagnose that the dynamic hip screw was cutting into the acetabulum and causing pain.

The type of medication and the doses prescribed to treat the pain appear to be appropriate for the symptoms complained of. The experts did not think the level of opioid treatment was unreasonable in this case.

Expert Review

James Corke

No. BJC/58 and JR/06

Date of Birth: **Code A**

Date of Death: 14 August 1989

DOB . R13i
17-2-1915
05
7/2/1915

Mr Corke was discharged home from Gosport War Memorial Hospital on 5 August 1989, having been prescribed antibiotics for a presumed urine infection. Mr Corke was found to be comatose on his arrival at home and was readmitted to hospital with acute renal failure and septic shock and died on 14 August 1989.

Mr Corke's death was unrelated to opioids and was felt by the experts to be due to septicaemic shock secondary to urinary tract infection.

Expert Review

Code A

No. BJC/59

Date of Birth:

Date of Death: 31 May 1996

DOB.
3/6/1909.

Code A was eighty-six at the time of her admission to Gosport War Memorial Hospital on 20 May 1996.

Dr Banks had arranged for an emergency admission for **Code A** having found evidence of self-neglect and poor mobility.

After admission to Gosport War Memorial Hospital, **Code A** was transferred to Queen Alexandra Hospital on 9 May 1996 for investigation to a possible carcinoma, before being transferred back to Gosport War Memorial Hospital on 20 May 1996.

It was felt that **Code A** was seriously depressed and deteriorating and she was sectioned for electro convulsive treatment.

During the second treatment, on 31 May 1996, **Code A** had coffee ground vomit immediately after the treatment and aspirated and was not able to be revived.

The experts note that a prescription for Diamorphine was made but not given. A single dose of Oral Morphine was thought to have no effect on **Code A** death.

Expert Review

Code A

No. BJC/77

Date of Birth:

Code A

Date of Death: 12 February 1995

Code A was eighty-seven at the time of her admission to Gosport War Memorial Hospital on 6 February 1995.

Code A was living at home with her son prior to being admitted. She was not eating or drinking well, her mobility was poor and she was passing large clots of blood in her urine.

Although **Code A** had abdominal pain she refused analgesia on admission.

On 9 February 1995 **Code A** deteriorated suddenly whilst on a commode. She was pale and unrousable and vomited large amounts of coffee ground like material.

The staff questioned whether **Code A** had suffered a stroke.

Following the episode, **Code A** was started on Diamorphine 40mgs and Midazolam 20mgs by syringe driver. The Diamorphine was doubled the next day although it would seem that **Code A** had never had any previous medication stronger than paracetamol.

The experts felt that the Diamorphine was unnecessary but that **Code A** would have almost certainly have died, in any case, following the episode of collapse.

Expert Review

Mary Donaghue

No. BJC/78

Date of Birth: Code A

Date of Death: 3 August 1991

R74
/ R7CB
DONAGHUE
OF
DONAGHUE

Mrs Donaghue was sixty-six at the time of her admission to Gosport War Memorial Hospital on 16 May 1991.

Mrs Donaghue was a widow and had recently been admitted to the Royal Haslar Hospital where she had undergone an anterior resection for carcinoma of the rectum. The Officer's Report records that the family had previously believed that the tumour was benign.

Following the operation Mrs Donaghue suffered a total dense left cerebrovascular accident.

On admission to Gosport War Memorial Hospital it was clear that Mrs Donaghue had developed a fistula which is a recognised complication of the surgery. Mrs Donaghue was vomiting and in pain. Large doses of opiates were used but were titrated against the level of pain. The experts agreed that there was good management of the pain to opiates although the vomiting was not dealt with optimally.

Dr Naysmith concludes this was good management of terminal cancer.

Expert Review

Code A

No. BJC/81

Date of Birth: Code A

Date of Death: 8 February 1997

Code A was admitted to Gosport War Memorial Hospital in August 1995 for rehabilitation following a left cerebral vascular accident which resulted in a right-sided hemiparesis.

Code A previous medical history included a fractured neck of femur, inflammatory bowel disease, ischaemic heart disease and hypothyroidism.

Having been transferred to Daedalus for "slow stream/rehabilitation" **Code A** **Code A** remained in Gosport War Memorial Hospital for more than a year and a half. **Code A** was noted to be deteriorating very slowly. In view of the fact **Code A** tended to get a rash from being given antibiotics, and in any case because of the questionable nature of the management, the family agreed that no more antibiotics would be given. (This was after more than a year in Gosport War Memorial Hospital.)

Code A became chesty again in February 1997. **Code A** was not prescribed any antibiotics deteriorated rapidly. **Code A** became distressed by coughing and vomiting and a syringe driver was put up at 2.00 a.m. in the morning on 8 February 1997. **Code A** died at 5.00 p.m. that afternoon.

The syringe driver contained 40mgs of Diamorphine and 20mgs of Midazolam. All experts are in agreement that this was a large initial dose but appear to agree, as Dr Naysmith noted, that **Code A** would almost certainly have died, in any case, following the episode of collapse. The drugs may have just changed the timing a little.

Expert Review

Olive Cresdee

No. BJC/82

Date of Birth: Code A

Date of Death: 2 June 1990

DOB.
29-12-1920
OT
29/12/1921
R12A.

Mrs Cresdee was sixty-nine when she was admitted to Gosport War Memorial Hospital on 3 April 1990.

In May 1989 Mrs Cresdee had undergone a left mastectomy for carcinoma of the breast which was then treated with radiotherapy and Tamoxifen.

In February 1990 Mrs Cresdee had started to complain of weakness in her right upper and lower limbs and was receiving treatment for long term care following multiple small strokes.

Unfortunately, there are large portions of Mrs Cresdee's Medical Notes which are not available, including the drug charts. Two of the expert doctors have concluded that this patient cannot therefore be graded.

Dr Naysmith, who has graded this patient 2A, has done so on the basis that the actual death was a sudden collapse, which is not the mode of death in opioid overdose. Dr Naysmith did indicate, though, that in her opinion the treatment of the sacral sores with opioids, combined with a failure to give antibiotics, was inappropriate management in as much as she could be certain with so much documentary evidence missing.

Expert Review

Joan Hurnell

No. BJC/83

Date of Birth: **Code A**

Date of Death: 18 May 1999

JOB 7
3/4/20 ← R13J.
CONFIRMED
MED RECORDS
STATE 1922

Mrs Hurnell was diagnosed with breast cancer in November 1998 and treated with a mastectomy, chemotherapy and radiotherapy.

Mrs Hurnell was admitted to Gosport War Memorial Hospital on 14 May 1999 as an emergency, being confused, agitated and in pain with discharge from her breast.

The Hospital Records record that Mrs Hurnell was acutely confused and was admitted under the Mental Health Act.

Mrs Hurnell was treated with Haloperidol and Oral Morphine. She continued to appear to be in pain and deteriorated rapidly on 18 May 1999 with very poor breathing and being very pale in colour.

The experts have postulated that there may have been a possible pulmonary embolism.

The opioid drugs prescribed and administered were modest and entirely appropriate and were considered by the key clinical team not to have been implicated in Mrs Hurnell's death.

The key clinical team considered Mrs Hurnell's overall treatment to be entirely reasonable but have classified her as a 2, ie sub optimal since Mrs Hurnell was admitted and nursed in arguably the wrong setting; ie. she may have received better nursing care on a medical rather than on a psycho geriatric ward.

JH1 The Officer's Report states Mrs Hurnell's year of birth as 1920 which contradicts the Medical Records.

Expert Review

Alice Wilkie

No. BJC/52

Date of Birth: **Code A**

Date of Death: 21 August 1998

DOB 2/9/1916.

Prior to admission to Gosport War Memorial Hospital on 6 August 1998 Mrs Wilkie received twenty-four hour psycho geriatric care at Addenbrooke Residential Home.

Mrs Wilkie was admitted to the Queen Alexandra Hospital on 31 July 1998 with an unresolved UTI, decreased mobility and pyrexia. She was transferred to Gosport War Memorial Hospital on 6 April 1998 for a four to six week observation.

The experts have noted that in the absence of any Medical Notes in respect of Mrs Wilkie's final admission it is difficult to make a firm assessment.

Dr Naysmith postulated that Mrs Wilkie would have died of her dementia in Gosport War Memorial Hospital whatever management had been carried out. A question was raised as to why a frail, elderly lady, with no malignant disease or fracture, required a dose of Diamorphine 30mgs over twenty-four hours but, in the absence of the above Medical Notes, the experts have felt it difficult to conclude, with any degree of certainty, as to their view of the level of the standard of care provided to this patient. No expert rated this case lower than 2B.