

**Other Document Form**

Number

**D 11888**

Title **BRIEFING NOTE OF MEETING WITH DR WILCOCKE COVERING EMAIL**

*(Include source and any document number if relevant)*

Receiver's instructions urgent action Yes  No

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Further actions no(s)

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<b>Code A</b>	
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When satisfied all action raised Office Manager to endorse other Document Master Number Form.

**Code A**

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**From:** Williams, David (DCI)  
**Sent:** 11 October 2004 15:35  
**To:** Grocott, David  
**Cc:** **Code A**  
**Subject:** Op rochester WILCOCK meeting 29/9



Doc1.doc (41 KB)

Dave/ **Code A**

Notes in respect of our meeting 29/9 with Dr WILCOCK.  
If there is anything to add please do so and then file as a document.

Thanks.DW.



Operation ROCHESTER.

Meeting with DR Andrew WILCOCK.

1030HRS 29<sup>TH</sup> September 2004.

Det Supt WILLIAMS.

Code A

DS KENNY.

Briefing Note.

DR WILCOCK produced a first draft of his report in respect of the case of Elsie DEVINE, asking for confirmation that the report constituted an acceptable framework encompassing the legal and expert witness requirements.

Dr WILCOCK advised that he would be required to factor the de 'minimus' test into all issues of negligence.

He was also requested to provide more detailed references within the report, these requirements will be flagged by Code A

In reviewing the report the following issues were identified.

- The Elsie DEVINE had been incorrectly recorded in her notes as suffering Myeloma (terminal Bone Cancer).
- The deceased had been suffering a number of problems but essentially did not appear to have been terminally dying.
- The reported renal failure would not necessarily have lead to death.
- The patient had suffered a marked deterioration through dementia.
- She was effectively knocked out through the drug regime applied, and then syringe driver diamorphine applied. This course did not give her an opportunity to recover.
- The patient reacted as a result of Opiate Naivety.
- Dr WILCOX commented that the medical notes were not sufficiently detailed to demonstrate that all analgesia options had been considered, there was no mention of 'pain in the notes.
- DEVINES deterioration appeared to be mental as opposed to physical.
- Drugs appeared to have been prescribed without sufficient safeguards.

- Dr BARTONS prescription of diamorphine appears unjustified and excessive.
- There was inappropriate use of and doses of diamorphine and midazolam prescribed.

During discussion regarding the effect of opioids Dr WILCOCK commented that there was evidence in research around cancer patients that the appropriate use of opioids does not accelerate death.

Generally prescription of analgesia can be appropriate if made through an appropriate pathway.

Dr WILCOCK does not wish to see any Healthcare statements at this stage until he has completed his first draft. He wishes to neutralise his report from other factors in the first instance. He will then be content to view healthcare statements and reports from family members etc to assess whether his findings are affected.

There was further discussion around the software function in respect of data supplied.

Timescales for completion of work in respect of the four priority cases were discussed. DR WILCOCK agreed that he it was likely that this work will be ready by early to mid December, achievable against his current workload.

Dr WILCOCK will then complete his evidential analysis of the remaining 6 cases.

DW.

From notes made at the time.

20.9.2004.