Other Document Form

Number 1165

Title LIST OF 5 CASES FROM MATTHEW COOK PATIENTS GIVEN IA STATUS

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No (NO)

LINK TO OR

Code A

30/9

(RLO)

Receiver

Code A

Document registered / indexed as indicated

No(s) of actions raised

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

O/M	SIO

Further actions no(s)

Indexer

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

Patients denoted 1A status not included in the 1A Group

1. Lily Attree

No. BJC/03

Date of Birth: Code A

Although Mrs Attree was noted as 1A by Robin Ferner ("RF"), Peter Lawson ("PL") and Irene Waters ("IW") she was assessed as A2 by Anne Naismith ("AN").

In AN's Assessment Note, she notes that "***The conversion to Diamorphine was probably too high a dose. It is possible that this accelerated the death by some days but probably no more, and as this management was shared by several doctors it seems unlikely there was an intent to harm – it seems more a matter of being unskilled in the management of pain in advanced cancer***."

In view of the comment that death may have been accelerated by some days I would advise that this case should not be continued to be categorised as 1A.

2. Ronald Cresdee

No. BJC/14

Date of Birth: Code A

Mr Cresdee was dying from advanced carcinoma of the bronchus. Having been reviewed by a consultant in palliative medicine he was felt to have no particular palliative care need and was recommended treatment in a nursing home.

One of the experts, AN, noted that the management of this patient included "***markedly increased Diamorphine***" and, moreover, records that "***Inevitable death from advanced cancer may have been marginally accelerated by excessive Opioid dosages ...***".

In view of this comment I would advise that the case should not remain within the categorisation of 1A.

3. Albert Hooper

No. BJC/27

Date of Birth: Code A

Mr Hooper was a ninety year old frail individual with multiple medical problems at the time of his admission to Gosport War Memorial Hospital. He was prescribed Citalopram in addition to the Diazepam and Amitriptyline because of pain in his

left leg. He went on to receive Hyoscine together with Diamorphine and Midazolam by syringe driver prior to his death.

RF has noted that the combination of Diazepam, Amitriptyline and Citalopram could have contributed to the deteriorating clinical condition and it was noted by Mr Hooper's family that on 18 September 2000 there was a complete change in Mr Hooper's health with him being described by his family as so heavily sedated that he appeared completely out of it and like a zombie to the extent that he was unable to sign the Power of Attorney forms.

In view of the possible contribution of Citalopram to Mr Hooper's worsening condition I would advise that this case should not remain within the categorisation 1A.

4. Stanley Martin

No. BJC/32

Date of Birth: Code A

Mr Martin was an eighty-four year old man who was admitted to Gosport War Memorial Hospital on 6 January 1998.

He died two days later and although noted by some experts to have received optimal care prior to his death with severe breathing difficulties, RF notes that he received "***A somewhat high single IM dose of Diamorphine in a dying elderly man***". AN noted he died twenty minutes later "***so probably absorbed little of it***". In view of RF's views that this case fell within the 2B category, and AN's comments, I would advise that it should not remain within the spectrum of 1A cases.

5. Walter Wellstead

No. BJC/51

Date of Birth: Code A

Mr Wellstead was admitted to Gosport War Memorial Hospital on 7 April 1998. He had developed contractures of the knees and was noted to be in pain.

Criticism is made of this case by two experts. RF questions whether Mr Wellstead was given too much Haloperidol and AN questions why, when Mr Wellstead was described as being semi conscious and comfortable, his Diamorphine dose was doubled four days later.

AN notes Mr Wellstead subsequently became agitated and she questions whether this was due to Opioid toxity.

Although PL notes the doses used were "not excessive", in view of the conflict of expert opinion and RF, in any event, noting this case as 1B my advice is that it should not proceed under the 1A categorisation.