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Code A

13th December 2004

Nigel Niven
Detective Inspector
Operation Rochester
Fareham Police Station
Quay Street
Fareham
Hants PO16 0NA

Dear Mr Niven

Re: Mrs Joan May Hurnell

Thank you for your letter of 23rd November 2004 informing me of the conclusion of the investigation into my mother's death. I am very grateful to you and your staff for your diligence and compassion in dealing with this situation. I am happy to sign the consent to supply information document and am thankful now to accept the findings in my mother's case. However, the expert review contains a slight inaccuracy. My mother had not had a mastectomy, her breast had been destroyed by the cancer but had not been surgically removed. The other point was that on her last day she had actually rallied and I felt able to return to my family and work in Northampton that afternoon in the belief that I could return the following day to be with her. Unfortunately the staff did not call us during the night when she did take a turn for the worse but waited until around 7.00 am. It is a 2 hour drive to Fareham and my mother died before I was able to get to her.

Thank you again for the way you and your staff have handled this operation.

Best wishes.

Yours sincerely

Code A

Mrs G Hurnell

Expert Review

Joan Hurnell

No. BJC/83

Date of Birth:

Date of Death:



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.