

**Other Document Form**

Number

1165

Title EMAIL DSUPT WILLIAMS TO MR WATTS RE LOHN MEETING 12/8/2004  
(Include source and any document number if relevant)

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Further actions no(s)

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

<b>Code A</b>	
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Code A

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**From:** Williams, David (DCI)  
**Sent:** 13 August 2004 17:37  
**To:** 'swatts1' (Code A)  
**Cc:** Code A  
**Subject:** Note MEETING Mathew LOHN 12/8



Doc1.doc (43 KB)

Steve.  
My note in respect of yesterdays meeting with Mathew LOHN.

Code A

Please action the points raised within upon your return to OP ROCHESTER next week.

Thanks DW.



Operation Rochester.

Meeting 1445hrs – 1600hrs Thursday 12<sup>th</sup> August 2004.

Present.

Mathew LOHN (Field Fisher Waterhouse)  
 Steve WATTS Det Chief Supt.  
 Dave WILLIAMS. Det Supt.

Meeting Note.

The meeting was held principally to discuss 'issues' raised by Mr LOHN in respect of 7 of the 26 'Category 2' cases that he had produced reports upon.

- Edith AUBREY.
- Henry AUBREY.
- Code A
- Geoffrey PCKMAN.
- Gladys RICHARDS.
- Elizabeth ROGERS.
- Sylvia TILLER.

Mr LOHN had reviewed the notes of the Key Clinical Team in respect of these cases and expressed concerns that there was considerable disparity in 'grading' between individual members of the KCT.

Within the reports on the 7 cases, there are references to:-

'inappropriately high doses of diamorphine'  
 'hastening death'  
 opioids substantially shortening life'  
 'producing death in a lady who would otherwise have survived for months'

Furthermore some of the experts have individually classified these cases at Category 3 before a consensus view was taken that the case was a 2.

Mr LOHN held the view that the rationale for and process by which these decisions were made should be explored with the KCT. We need a written account from the KCT members as to why they changed their minds in certain cases.

To assist this process OP ROCHESTER will produce a table of the Category 2 cases indicating the original assessment grading of the individual members and the consensus final score.

Following further discussion it was decided that a final meeting would be held with the KCT to discuss the issues around the seven cases and any similar cases raised by Mathew LOHN following his completion of work around the remaining 31 category 2 cases. Mr LOHN will attend the meeting which should also be attended by 3 members of the KCT that are clinically authoritative to pass opinion, LAWSON, NAISMITH and FERNER.

Mr LOHN does not have officer reports in respect of the 31 remaining category 2 cases although he does have the medical notes. He awaits the final reports from the KCT in respect of some of those cases. If he receives this material he may be able to complete the work this month (August 2004)

**Code A** to liaise with Mr LOHN next week to discuss outstanding material, and to deliver asap.

**Code A** also to arrange recovery of the material relating to the 19 completed cases from Mr LOHNS home address.

**Code A** to arrange a Sunday meeting with the KCT Mathew LOHN and SIO or Deputy for early September 2004.

Costs for ongoing work had reached £22,000. Mathew will invoice OP ROCHESTER.

The issue of interviews under caution of healthcare professionals was discussed.

Mathew LOHN will review our final interview strategy from a medical and legal perspective. He will also be available to downstream monitor suspect interviews and provide ongoing advice to the interview manager **Code A** as interviews develop.

Finally Mr LOHN to complete his review of the four 3A cases.

DW.  
12/8/2004.