RESTRICTED

STATEMENT

Number: S329R

Age	[49]
Statement Date	[19/JAN/2006]
Signed Name	[D BLACK]
Telephone No	
Postcode	Code A
Date Of Birth	
Occupation	[CONSULTANT PHYSICIAN GERIATRIC MEDICINE]
Address	Code A
Forename 1	[DAVID ANDREW]
Surname	[BLACK]

SUMMARY OF CONCLUSIONS

Clifford HOUGHTON/N253 was a 71 year old gentleman at the time of his death Code A

Code A

In my view a significant problem in assessing this case is the poor documentation in Gosport Hospital in both the medical and nursing notes making a retrospective assessment difficult. Good medical practice (GMC 2001) state s that "good clinical care must include an adequate assessment of the patient's condition, based on the history and symptoms and if necessary, an appropriate examination……""In providing care you must keep cle ar, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any other drugs or treatments provided". The lack of detail in the me dical notes, in particular, lack of a recorded clinical assessment at the time of his readmission on 31st January and at the time of a significant deterioration on 3rd February 1994 make it difficult to fully assess the problems suffered by Mr HOUGHTON and the reasons for his final decline and death. However, I believe that the symptomatic response to his terminal illness was appropriate and that his death was by natural causes.

1. INSTRUCTIONS

To examine the medical records and comment upon the standard of care afforded to the patient in the days leading up to his death against the acceptable standard of the day. Where appropriate, if the care is felt to be sub-optimal, comm ent upon the extent to which it may or may not disclose criminally culpable actions on the part of individuals or groups.

2. ISSUES

2.1. Was the standard of care afforded to this patient in the days leading up to his death in keeping with the acceptable standard of the day?

2.2. If the care is f ound to be suboptimal what treatment should normally have been proffered in this case?

2.3. If the care is found to be suboptimal to what extent may it disclose criminally culpable actions on the part of individuals or groups?

3. CURRICULUM VITAE

Name &n bsp; &nbs p; Professor David Andrew BLACK

Address ; Code A

Telephone &nb sp; Code A ; & nbsp; E-ma il: Code A &nb sp;

DOB &n bsp; &nbs p; Code A

Place &n bsp; &nbs p; Code A

GMC &n bsp; &nbs p; Full registration. No: Code A

Defence Union Medical D efence Union. No: Code A

EDUCATION &n bsp; &nbs p; Leighton Park School, Reading, Berks. &nb sp; 1969-1973

; & nbsp; &nb sp; St John's College, Cambridge University. &n bsp; 1974-1977

; & nbsp; &nb sp; St Thomas' Hospital, London SE1 &n bsp; 1977-1980

; & nbsp; &nb sp;

DEGREES AND QUALIFICATIONS

; & nbsp; &nb sp; BA, Cambridge University &n bsp; &nbs p; 1977

; & nbsp; &nb sp; (Upper Second in Medical Sciences)

; & nbsp; &nb sp; MB BChir, Cambridge University &n bsp; &nbs p; 1980

; & nbsp; &nb sp; MA, Cambridge University &n bsp; &nbs p; 1981

; & nbsp; &nb sp; MRCP (UK) & nbsp; &nb sp; ; & nbsp; &nb sp; &nbs p; 1983< /p>

; & nbsp; &nb sp; Accreditation in General (internal) Medicine

; & nbsp; &nb sp; and Geriatric Medicine &n bsp; &nbs p; &n bsp; &nbs p; 1989

; & nbsp; &nb sp; FRCP &n bsp; &nbs p; &n bsp; &nbs p; 1 994

; & nbsp; &nb sp; MBA (Distinction) University of Hull. ; 1997

; & nbsp; &nb sp; Certificate in Teaching &nb sp; ; & nbsp; &nb sp; ; 2001

; & nbsp; &nb sp; NHS/INSEAD Clinical strategists program &nbs p; 2003

SPECIALIST SOCIETIES

British Geriatrics Society

; & nbsp; &nb sp; British Society of Gastroenterology

; & nbsp; &nb sp; British Association of Medical Managers

PRESENT POST

; & nbsp; &nb sp; Dean Director of Postgraduate Medical and Dental Education

; & nbsp; &nb sp; Kent, Surrey and Sussex Deanery. &n bsp; 2004-present

Consultant Physician (Geriatric Medicine) 1987-present

; & nbsp; &nb sp; Queen Marys Hospital, Sidcup, Kent.

; & nbsp; &nb sp; Associate member General Medical Council 2002-2005

PREVIOUS POSTS

; & nbsp; &nb sp; Associate Dean.

London Deanery. &n bsp; &nbs p; &n bsp; &nbs p; 2004< /p>

Medical Director (part time) & nbsp; &nb sp; ; & nbsp; 1997-2003

; & nbsp; &nb sp; Queen Mary's Hospital

; & nbsp; &nb sp; Operations Manager (part time) & nbsp; &nb sp; ; 1996-1997

; & nbsp; &nb sp; Queen Marys Hospital, Sidcup, Kent

; & nbsp; &nb sp; Senior Registrar in General and Geriatric Medicine

; & nbsp; &nb sp; Guy's Hospital London and St Helen's Hospital

; & nbsp; &nb sp; Hastings. & nbsp; &nb sp; ; & nbsp; &nb sp; ; & nbsp; 1985-1987

; & nbsp; &nb sp; Registrar in General Medicine and Gastroenterology

; & nbsp; &nb sp; St Thomas' Hospital, London. &nb sp; ; & nbsp; &nb sp; 1984-1985

; & nbsp; &nb sp; Registrar in General Medicine

; & nbsp; &nb sp; Medway Hospital, Gillingham, Kent &n bsp; &nbs p; 1983-1984

; & nbsp; &nb sp; SHO rotation in General Medicine

; & nbsp; &nb sp; Kent & Canterbury Hospital, Canterbury & nbsp; &nb sp; 1982-1983

; & nbsp; &nb sp; SHO in General Medicine

; & nbsp; &nb sp; Kent & Sussex Hospital, Tunbridge Wells &n bsp; 1981-1982

; & nbsp; &nb sp; House Physician, St Thomas' Hospital &n bsp; &nbs p; 1981

; & nbsp; &nb sp; House Surgeon, St Mary's Portsmouth &nb sp; ; 1980

PUBLICATIONS

; Acute Extrapyramidal Reaction to Nomifensine

; DA Black, IM O'Brien

; Br Med J, 1984; 289; 1272

; Transit Time in Ulcerative Proctitis

; DA Black, CC Ainley, A Senapati, RPH Thompson

; Scand J Gasto, 1987; 22; 872-876.

; Lingual Myoclonus and Dislocated Jaw

; DA Black, S Das

; Br Med J, 1986; 292; 1429

; Endoscopic Sclerotherapy for Bleeding Oesophageal Varices in the Elderly

; DA Black, RPH Thompson

; J Clin and Exper Gerontol, 1987; 9: 131-138

; Mental State and Presentation of Myocardial Infarction in the Elderly

; DA Black

; Age and Ageing, 1987; 16; 125-127

; Hyperbilirubinaemia in the Elderly

; DA Black, I Sturgess

; J Clin and Expt Geront, 1987, 9, 271-284

; Malabsorption: Common Causes and their Practical Diagnosis

; DA Black

; Geriatrics 1988, 43, 65-67

; Pseudotumour Cerebri in a patient with Castleman's Disease

; DA Black, I Forgacs, DR Davies, RPH Thompson

; Postgrad Med J, 1988; 64; 217-219

; Non-Surgical Intervention; A First Choice in obstructive Jaundice

; DA Black

; Geriatric Medicine, 1988; 18(4); 15-16

; Endoscopy: Investigation of choice for many Elderly GI Problems

; DA Black

; Geriatric Medicine, 1988; 18(9); 14-16

; Hepatic Stores of Retinol and Retinyl Esters in Elderly People

; DA Black, E Heduan and WD Mitchell

; Age and Ageing, 1988; 17; 337-342

; Elderly People with low B12 Levels do need Treatment

; DA Black

; Geriatric Medicine 1989, 19(1); 21-22

; NSAIDS and Ulcer disease in Old Age

; DA Black

; Geriatric Medicine (special supplement) April 1989; 4-5, 8-11

; The Independent Living Fund

; DA Black

; Br Med J (editorial) 1989, 298; 1540

; Ischaemic Hepatitis

; DA Black

; Geriatric Medicine, 1989, 19(9); 92

; Laparoscopic cholecystectomy: not without pitfalls in the elderly

; DA Black

; Geriatric Medicine 1991 21(10); 21

The successful medical management of gastric outflow obstruction associated with the use of non-steroidal anti-inflammatory drugs in the elderly</p>

RJ Geraghty, DA Black and SA Bruce

; Postgrad Med J 1991; 67; 1004-1007

Bronchodilator response to nebulized salbutamol in elderly patients with stable chronic airflow limitation

; RJ Geraghty, C Foster, DA Black & S Roe

; Respiratory Medicine 1993 23(5); 46-57

; The reality of community care: a geriatricians viewpoint

; DA Black

; In: Care of elderly people. South East Institute of Public Health 1993; 81-89

; Accidents: a geriatrician's viewpoint

; DA Black

In: Care of elderly people. South Thames Institute of Public Health. 1994; 53-58.

; Community Care Outcomes

; DA Black

; Br J of Clin Pract 1995 49(1); 19-21

; Choice and Opportunity

; DA Black

; Geriatric Medicine 1996 26(12) 7.

; Emergency Day Hospital Assessments

; DA Black

; Clinical Rehabilitation. 1997; 11(4); 344-347

; Geriatric Day Hospital. A future?

; DA Black

; Opinion in General and Geriatric Medicine. 1997, 1.1, 4-6.

; The Health Advisory Service

; DA Black

; JAGS 1997; 45; 624-625.

The Rhetoric and Reality of Current Management Training for NHS Clinical Directors

; DA Black

; MBA dissertation. 1997. University of Hull.

; Community Institutional Medical Care- for the frail elderly.

; DA Black & CE Bowman

; Br Med J. (Editorial). 1997, 315; 441-442.

; Remains of the day.

; DA Black

; Health Services Journal. 1998. 19 Feb. p32.

; Nutritional problems in old age

; DA Black

; Opinion in General and Elderly Medicine. 1998. 2(1): 12-13.

; Constipation in the elderly :causes and treatments.

; DA Black

; Prescriber. 1998; 9(19); 105-108.

; Intermediate not Indeterminate Care

; CE Bowman & DA Black

; Hospital Medicine. 1998; 58; 877-9

; Improving geriatric services

; DA Black

; JRColl Physicians Lond 1999; 33: 113. (also p152)

General internal medicine and speciality medicine- time to rethink the relationship.

; JM Rhodes, B Harrison, D Black et al.

; JR Coll Physicians Lond 1999, 33: 341-347.

; Iron deficiency in old age

; DA Black & CM Fraser.

; British Journal of General Practice. 1999; 49; 729-730

; A systems approach to elderly care

; DA Black, C Bowman, M Severs.

; Br J Health Care Management, 2000, 6(2), 49-52

; The Modern Geriatric Day Hospital

; DA Black.

; Hospital Medicine. 2000.61(8);539-543

Complaints, Doctors and Older People

; DA Black

; Age and Ageing. 2000; 29(5):389-391.

; NSF Overview

; DA Black

; Geriatric Medicine 2001; 31(4):11-17 & 31(5)

; Anaemia

; D Sulch, DA Black

; Geriatric Medicine 2001; 31(6): 46-49

Professional Review Mechanism. Chapter in: Clinical Governance Day to Day.

; DA Black.

; British Association of Medical Managers 2002; 41-56.

; Induction for newly appointed consultants

; DA Black

Clinician in Management. 2002; 11(1); 9-13

Average length of stay, delayed discharge and hospital congestion.

DA Black and M Pearson

BMJ 2002;325:610-611

An audit of outcomes in day hospital based crisis interventions.

David A Black

Age Ageing 2003; 32; 360-361

; Quality Improvement in the UK

; DA Black

Chapter 119 In: Brocklehurst's Textbook of Geriatric Medicine. 6th Edition Ed: Tallis and Fillit. 2003.

The new NHS framework for handling performance concerns.

David A Black

Hospital Medicine 2004; 65 (2): 112-115

Not because they are old- revisited

DA Black

Age and Ageing. 2004;33; 430-432

BOOK

British Geriatrics Society compendium of policy statements and statements of good practice. Edited by DA Black & A Main. First Edition. 1995.

RECENT SIGNIFICANT PRESENTATIONS

Secondary care as part of the whole system. Laing & Buisson conference on intermediate care. April 2001

The impact of the NSF on everyday Clinical Care. Conference on Clinical governance in elderly care . RCP May 2001

The Geriatricians view of the NSF. BGS Autumn Meeting 2001

The Organisation of Stroke Care. Physicians and managers working together to develop services. Professional training and clinical governance in geriatric medicine. All at Argentinean Gerontological Society 50th Anniversary meeting. Nov 2001

The future of Geriatric Medicine in the UK. Workshop: American Geriatrics Society May 2002< /p>

Liberating Front Line Leaders. Workshop: BAMM Annual Meeting June 2002

Revalidation - the State of Play. A Survival Guide for Physicians. Mainz July 2002

Medical Aspects of Intermediate Care. London Conference on building intermediate care services for the future. Sept 2002

Developing Consultant Careers. Workshop: BAMM Medical Directors Meeting. Nov 2002

Lang and Buisson. Update on Intermediate Care Dec 2002

Intermediate Care Update: London National Elderly Care Conference. June 2003.

Appraisal- an update. GMC symposium on revalidation. Brighton. June 2003.

Innovations in emergency care for older people. HSJ Conference. London July 2003.

Emergency Care & Older People: separate elderly teams? RCP London March 2004

Professional Performance & New Consultants. London Deanery Conference April 2004

Mentoring as part of induction for new consultants. Mentoring in Medicine Conference . Nottingham. April 2004

The Future of Chronic Care- Where, How and Who? CEO & MD conference. RCP London. June 2004

Mentoring as part of consultant induction. Surviving to Thriving. New Consultant Conference, London June 2004

360 Degree Appraisal. Chairman National Conference. Nottingham June 2004

Maintaining Professional Performance. BAMM Annual Summer School. June 2004

Chronic Disease management. BGS Council Study Day. Basingstoke. July 2004

MMC post FP2. BGS Study Day. Basingstoke. July 2004

Designing care for older peoples. Emergency services conference. London July 2004.

The Modern Geriatric Day Hospital. Multidisciplinary Day. South East Kent hospitals. Sept 2004

Geriatricians and Acute General Medicine. BGS Autumn Meeting . Harrogate Oct 2004

4. DOCUMENTATION

This Report is based on the following documents:

[1] Full paper set of medical records of Clifford HOUGHTON (BJC/28)/X115

[2] Operation Rochester Briefing Document Criminal Investigation Summary.

[3] Hampshire Constabulary Operation Rochester Guidance for Medical Experts.

[4] Commission for Health Improvement Investigation Report on

Portsmouth Health Care NHS Trust at Gosport War Memorial Hospital

(July 2002).

[5] Palliative Care Handbook Guidelines on Clinical

Management, Third Edition, Salisbury Palliative Care Services (1995);

Also referred to as the 'Wessex Protocols.'

5 CHRONOLOGY/CASE ABSTRACT. (The numbers in brackets refer to the page of evidence).

5.1. & nbsp; Clifford HOUGHTON was a 71 year-old gentleman whose final admission was as an emergency on 31st January 1994 to the Gosport War Memorial Hospital.

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

6. TECHNICAL BACKGROUND / EXAMINATION OF THE FACTS IN ISSUE

6.1. This section will consider whether there were any actions so serious that they might amount to gross negligence or any unlawful acts, or deliberate unlawful killing in the care of Clifford HOUGHTON. Also whether there were any action s or omissions by the medical team, nursing staff or attendant GP's that contributed to the demise of Clifford HOUGHTON, in particular, whether beyond reasonable doubt, the actions or omissions more than minimally, negligibly or trivially contributed to death.

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

7. OPINION

Code A

7.2.   In my view a significant problem in assessing this case is the poor documentation in Gosport Hospital in both the medical and nursing notes making a retrospective assessment difficult. Good medical practice (GMC 2001) states that "good clinical care must inclu de an adequate assessment of the patient's condition, based on the history and symptoms and if necessary, an appropriate examination……""in providing care you must keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any other drugs or treatments provided". The lack of detail in the medical notes, in particular, la ck of a recorded clinical assessment at the time of his readmission on 31st January and at the time of a significant deterioration on 3rd February 1994 make it difficult to fully assess the problems suffered by Mr HOUGHTON and the reasons for his final decline and death. However, I belie ve that the symptomatic response to his terminal illness was appropriate and that his death was by natural causes.

8 LITERATURE/REFERENCES

1. Good Medical Practic e, General Medical Council 2002

2. Withholding withdrawing life, prolonging treatments: Good Practice &n bsp; and decision making. General Medical Council 2002.

3. Palliative Care, Welsh J, Fallon M, Keeley PW. Brocklehurst Text &nb sp; Book of Geriatric Medicine, 6th Edition, 2003, Chapter 23 pages 257-270.

4. The treatment of Terminally Ill Geriatric Patients, Wilson JA, Lawson, PM, Smith RG. Palliative Medicine 1987; 1:149-153.

5. Accuracy of Prognosis, Estimates by 4 Palliative Care Teams: A Prospective Cohort Study. Higginson IJ, Costantini M. BMC Palliative Care 2002:1:129

6. The Palliative Care Handbook. Guidelines on Clinical Management, 3rd Edition. Salisbury Palliative Care Services, May 1995.

9 EXPERTS' DECLARATION

1. I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.

2. I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert are required.

3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.

4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

5. Wh erever I have no personal knowledge, I have indicated the source of factual information.

6. I have not included anything in this report, which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

7. Wh ere, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

8. At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.

9. I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

10. I have attach ed to this report a statement setting out the substance of all facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

10. STATEMENT OF TRUTH

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and the opinions I have expressed represent my true and complete professional opinion.