RESTRICTED

STATEMENT

Number: S329T

Age	[50]
Statement Date	[30/APR/2006]
Signed Name	[D.A. 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

Mr Edwin CARTER/N319 was a frail 92 year old gentleman Code A

Code A

Code A

Code A however I believe that this made a negligible contribution to the death of Edwin CARTER.

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 found 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-mai l: Code A &nbs p;

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

St John's College, Cambridge University. &n bsp; &nbs p; 1974-1977

St Thomas' Hospital, London SE1 &n bsp; &nbs p; 1977-1980

; & nbsp; &nb sp;

DEGREES AND QUALIFICATIONS

BA, Cambridge University &n bsp; &nbs p; 1977

(Upper Second in Medical Sciences)

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

MA, Cambridge University &n bsp; &nbs p; 1981

MRCP (UK) &n bsp; &nbs p; &n bsp; &nbs p; 1983

Accreditation in General (internal) Medicine

and Geriatric Medicine &n bsp; &nbs p; &n bsp; &nbs p; 1989

FRCP & nbsp; &nb sp; ; & nbsp; &nb sp; ; & nbsp; 1994

MBA (Distinction) University of Hull. ; 1997

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

NHS/INSEAD Clinical strategists program &nbs p; 2003

SPECIALIST SOCIETIES

British Geriatrics Society

British Society of Gastroenterology

British Association of Medical Managers

PRESENT POST

Dean Director of Postgraduate Medical and Dental Education

Kent, Surrey and Sussex Deanery. &n bsp; &nbs p; 2004-present

Consultant Physician (Geriatric Medicine) &n bsp; &nbs p; 1987-present

Queen Mary's Hospital, Sidcup, Kent.

Associate member General Medical Council &n bsp; &nbs p; 2002-present

PREVIOUS POSTS

Associate Dean.

London Deanery. &n bsp; &nbs p; &n bsp; 2004

Medical Director (part time) &n bsp; &nbs p; 1997-2003

Queen Mary's Hospital

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

Queen Mary's Hospital, Sidcup, Kent

Senior Registrar in General and Geriatric Medicine

Guy's Hospital London and St Helen's Hospital

Hastings. &n bsp; &nbs p; &n bsp; &nbs p; &n bsp; 1985-1987

Registrar in General Medicine and Gastroenterology

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

Registrar in General Medicine

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

SHO rotation in General Medicine

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

SHO in General Medicine

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

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

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

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.&nbs p;

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 &nbs p;

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 Edwin CARTER (BJC/8)./X95

[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. Mr Edwin CARTER was a 92 year old gentleman at the time of his admission to St Mary's General Hospital/L259 on 25th October 1993 (25/10/1993).

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6. TECHNICAL BACKGROUND / EXAMINATION OF TH E 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 Edwin CARTER. Also whether there were any actions or omissions by the medical team, nursing staff or attendant GP's that contributed to the demise of Edwin CARTER, 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

6.8. In my view Mr Edwin CARTER died of natural causes almost certainly from Code A His management and decision making was satisfactory. It can be argued that the dose of Code A as unnecessarily high, but in my view the only effect might have been very slight shortening of Mr CARTER's life by no more than a day or so.

7. OPINION

7.1. Mr Edwin CARTER was a frail 92 year old gentleman who had had multiple medical problems over a number of years. His health started to more rapidly decline and enter a final phase in July 1993. Code A and he received palliative care in hospital until the time of his death on 24th December 1993 (24/12/1993).

7.2. Code A might be considered to have been excessive, however I believe that this made a negligible contribution to the death of Edwin CARTER.

8. LITERATURE/REFERENCES

1. Good Medical Practice, General Medical Council 2002.

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

3. Palliative Care, Welsh J, Fallon M, Keeley PW. Brocklehurst Text. 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 unders tand 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 s et 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 d one 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 d rawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

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

6. I have n ot 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. Where, i n my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

8. At the t ime 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 unders tand 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 attached to this r eport 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.

Signature:_____ Date: 30/4/06__ _____

Statement taken by SELF.