### RESTRICTED

### **STATEMENT**

Number: S329U

Age	[50]
Statement Date	[ 09/MAY/2006]
Signed Name	[DBLACK]
Telephone No	
Postcode	Code A
Date Of Birth	<u> </u>
Occupation	[ CONSULTANT PHYSICIAN GERIATRIC MEDICINE]
Address	Code A
Forename 1	[ DAVID ANDREW]
Surname	[BLACK]

SUMMARY OF CONCLUSIONS

Code A

Code A

## 1. INSTRUCTIONS

To examine the medical records and comment upon the standard of care afforded to the patient in the days leading up to her death against the acceptable standard of the day. Where appropriate, if the care is felt to be sub-optimal, comment 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 her 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	& nbsp;	&nb sp;	Professor David Andrew Black			
Address	&nbs p;	[	Code A			
Telephone			o; Code A &nbs p;	E-mail:		
Code A &nb sp;						
DOB	&n bsp;	&nbs p;	Code A			
Place &n bsp; Code A						
GMC	&n bsp;	&nbs p;	Full registration. No Code A			
Defence Un	ion Medical D	efence Union.	Nd Code A			

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

; & nbsp; 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; ; 1983

; & 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

; & nbsp; &nb sp; 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

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

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

; & nbsp; &nb sp; Queen Mary's Hospital, Sideup, Kent.

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

PREVIOUS POSTS

; &n bsp; Associate Dean.

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

Medical Director (part time) &n bsp; &nbs p; 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 Mary's 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

kn bsp; 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

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- ; Malabsorption: Common Causes and their Practical Diagnosis
- ; DA Black
- ; Geriatrics 1988, 43, 65-67
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- ; 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
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- ; 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
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The successful medical management of gastric outflow obstruction associated with the use of non-steroidal anti-inflammatory drugs in the elderly

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- ; Respiratory Medici ne 1993 23(5); 46-57
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  - ; DA Black
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- ; Emergency Day Hospital Assessments
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- ; Community Institutional Medical Care- for the frail elderly.
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- ; Health Services Journal. 1998. 19 Feb. p32.
- ; Nutritional problems in old age
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- ; Opinion in General and Elderly Medicine. 1998. 2(1): 12-13.
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- ; Prescriber. 1998; 9(19); 105-108.
- ; Intermediate not Indeterminate Care
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- ; 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.
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- ; DA Black & CM Fraser.
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- ; 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. 6<sup>th</sup> 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

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

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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
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This Report is based on the following documents:

[1] Full paper set of medical records of Norma WINDSOR (BJC/560/X143 /F1 3R/A )

[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 MHS 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).

A aboo

# Code A

6. TECHNICAL BACKGROUND / EXAMINATION OF THE FACTS IN ISSUE

Code A

# Code A

- B LIT ERATURE/REFERENCES
- 1. Good Medical Practice, General Medical Council 2002
- 2. Withholding withdrawing life, prolonging treatments: Good Practice and decision making. General Medical Council 2002.
- 3. Palliative Care, Welsh J, Fallon M, Keeley PW. Brocklehurst Text Book of Geriatric Medicine, 6<sup>th</sup> Edition, 2003, Chapter 23 pages 257-270.
- 4. The treatment of Terminally III 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, 3<sup>rd</sup> 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. Wherever I have no personal knowledge, I have indicated the source of factual information.
- 6. Thave 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. Where, 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. Thave attached 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.