

Note of Meeting - Friday 28th June 2002-07-03

Present:

Code A

Dr Graham Dewhurst, Consultant Elderly Medicine, St Richards Hospital, Chichester

Code A

Service Manager, Community Hospitals, F&G PCT

Code A

, Complaints Manager, F&G PCT

Meeting had been arranged to afford **Code A** the opportunity to go through her late mother's medical records (Mrs Dulcie Middleton) with a doctor and nurse.

Unfortunately, **Code A** had not received Complaints Manager's letter confirming meeting and contact had only been made with **Code A** shortly before the specified time. **Code A** agreed to go ahead with the meeting but felt that her papers and questions would have been "in order" had she been given more time.

Code A went through some of her areas of concern. In summary these were around the nursing care given to her mother. She felt that had her mother been encouraged and assisted with eating and drinking her condition would not have deteriorated to the point where a PEG was considered necessary. From this point her condition continued to deteriorate until her death.

Dr Dewhurst had received Mrs Middleton's medical records previously and had been able to look through them. He was not aware of the specific areas of concern of **Code A**. He was able to explain to **Code A** that although not typical, the scenario with Mrs Middleton was one he had encountered with stroke patients before, whereby one setback is followed by another and then another with the patient becoming weaker each time.

Dr Dewhurst was able to confirm that from the records Mrs Middleton was not receiving any drugs which were likely to cause hallucinations. He did explain that seeing things that weren't there and giving the appearance on occasions of a "trance like" state were typical in patients who had a physical trauma.

Dr Dewhurst was also able to explain that excessive body fluid did not necessarily mean a patient had been given too much fluid but that difficulties with the kidneys, and heart, together with insufficient nourishment could lead to seepage of fluid into body tissue. He had not had the opportunity to match fluid intake on the charts to determine whether there had been excessive fluid given.

Code A was given the opportunity to ask any questions she wished.

We discussed that **Code A** had not formally complained to the Trust. **Code A** had forgotten she had not done this as she had complained to so many others (GMC, UKCC). **Code A** agreed to write to the Trust in order that they could respond formally. She would also send copies of her correspondence to other bodies. We were unsure why the GMC were investigating **Code A** concerns when it would be expected that normal concerns would be past to the Trust to answer. We thought this might have been because of the CHI investigation.

Code A

3 July 2002