

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: GOLDSMITH, IRIS

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: RETIRED

This statement (consisting of 4 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: I Goldsmith

Date: 28/10/2002

I am the above named person and I live at the address shown overleaf. I live alone as my husband requires full time care. I retired from nursing in about the year 2000.

I qualified as a Nurse in 1961 and held the post of RGN or Staff Nurse. I began working at the GWMH in about 1984. I worked on all the wards to begin with because I was working permanent nights. I worked at the Redcliffe and Northcote annexe both of which were geriatric wards. I also worked on surgical wards and the children's ward.

In about 1987 I became the Night Sister which meant when I was on I was the Senior Nurse on duty at night. Again this would mean I was working on all the wards.

I do not know when Dr. Jane BARTON began working at the GWMH, but it was after me. I always got on with Dr. BARTON and in my opinion she was a first class and very caring doctor.

I have been asked if I recall when syringe drivers came into general use. I do not. Syringe drivers were used to control pain on any patient who was in severe pain, normally these patients were terminally ill. The drugs that we would give via a syringe driver would include Diamorphine, Largactil and a sterile mixing solution.

It would always be a Doctor who would prescribe a drug for a patient with some drugs the doctor could prescribe over the phone. However, with controlled drugs such as Diamorphine the doctor would need to attend the hospital and sign the prescription sheet so that the patient

Signed: I Goldsmith
2004(1)Signature Witnessed by: DC Code A

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would be given the drug.

To check these drugs the Nurses would always act in pairs. As the Night Sister I can say that good practice was always followed by staff whilst I was on duty.

I do not think there was any one Doctor at the GWMH who prescribed Diamorphine more than the others. There were some doctors who wouldn't turn out at 0200 hours or were at least were reluctant to do so, to prescribe Diamorphine or any other controlled drug. However, Dr. BARTON would always turn out if requested.

I never had any concerns about any Doctor prescribing Diamorphine. As someone with many years experience, in my opinion these drugs were always given correctly. I was aware that some nurses didn't feel the same way. I was only working three nights a week, and I was never told directly by anybody but I heard that some Nurses thought that Diamorphine was being used to calm patients who were aggressive or noisy rather than for pain management. I also felt that Diamorphine was also only being given as a last resort. Other types of pain management were always tried first.

As the Night Sister I was allowed and qualified to pronounce death if the patient had been seen within the last 24 hours by a Doctor. This would save having to call a doctor out at three in the morning. However, it would always be a Doctor who would certify death. If a patient was obviously very ill the doctor may write 'NTBR' in the notes which meant not to be resuscitated. Some doctors would verbally tell me that were happy for me to pronounce death if a patient died.

Whilst I was at the GWMH I attended courses on both syringe drivers and a course on palliative care. Setting a syringe driver up always required two Nurses. I would check the drug against the prescription chart and the rate of the driver. The patient would also be checked on a regular basis during the night. The checks for those on syringe drivers like all patients would be about 15 - 20 minutes apart.

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After some nurses had raised concern about the use of syringe drivers and Diamorphine, a meeting was held. I attended the meeting as one of the Senior Nurses. I could understand why some Nurses were concerned about the use of Diamorphine, it is neat Heroin and very addictive.

Although I went to the meeting I personally did not have any concerns either about palliative care, the use of syringe drivers, the prescribing of Diamorphine or Dr. BARTON. The meeting was in 1991 and up to my retirement in 2000 I continued to work with and have contact with Dr. BARTON.

I wish to repeat that throughout this period I had no concerns about Dr. BARTON or the use of Diamorphine at the GWMH.

Signed: I Goldsmith
2004(1)

Signature Witnessed by: DC Code A