Summary of the Expert Evidence

Pittock

Issue	Black	Wilcock
Prognosis	*Very, very frail pt coming to the end of his life.*	*Frail 82 year old naturally coming to the end of his life.*
Prescriptions / administration	Starting dose of oramorph: *very reasonable clinical decision.* Starting diamorphine SD: *seems a reasonable decision* Starting dose of diamorphine: *more than he would have expected ... may have been a reason but I could not find it.*	*Some drugs difficult to justify. Generally exceeded that which is regarded as a legitimate starting dose.*
Medical cause of death	Ia Sepsis, Ib chest infection, Ic drug induced parkinsonism, II severe depression	Ia Bronchopneumonia
Causation	*I did not see anything exceptional in his progress.* *Had been on starting dose of diamorphine for several days so obviously high starting dose did not have too strong effect*	*Coming to the natural end of his life and bronchopneumonia likely to be the terminal event although morphine excessive to requirements* Did it have a negative effect? *If it did the implications are difficult to judge*

Lavender

Issue	Black	Wilcock
Prognosis	*Even if* [the neck fracture] *had been diagnosed the options were not good ... even if I am right about diagnosis, prognosis would have been poor*	*not seriously ill on transfer to Gosport but became so*
Prescription / administration	Higher than conventional in BNF	?
Medical cause of death	Cervical cord injury	Stroke?
Causation	*I think the likely cause of death was her cervical cord injury. I can't say the dose of morphine did not hasten death but she was not well anyway.*	None

Lake

Issue	Black	Wilcock
Prognosis	Very poor following hip fracture 30% quoted for women 50% by FR	
Prescription / administration	Very reasonable to give a strong dose of opiods Can't understand why SD used.	
Medical cause of death	Ia MI, Ib #NOF	Bronchopneumonia
Causation	Nothing	Nothing

Service

Issue	Black	Petch	Wilcock
Prognosis	*Very frail elderly lady who makes no progress at all in hospital has a relentlessly downhill course.*	*The average survival of patients with this sort of heart failure is 2 years and hence Mrs Service's terminal decline was not unexpected.* *Prognosis was hopeless*	
Prescription / administration	*Diamorphine best drug to start with. Drug of choice* *You will get a body of opinion. I would have started on 10 and increased to 15 to 20.*	Appropriate	Inappropriate

	Clinical judgement.		
Medical cause of death	I(a) CCF II cerebral vascular disease *(Or old age)*	CCF	Doesn't agree with CCF but defers to Petch
Causation	Transfer no difference Drugs nothing	Nothing on drugs	Nothing on drugs

Cunningham

Issue	**Black**	**Wilcock**
Prognosis	*Prognosis poor very unlikely going to leave hospital and die in the near future.* *Almost inevitably die in hospital ... pattern of illness, relentless downhill*	*Prognosis poor* Goes further following questioning from Mr Leeper: *Overall his prognosis was very poor indeed.*
Prescription / administration	*Don't understand why doses given. If no justification and not appropriate then they would have been excessive* *Majority would have used strong opiod analgesia.*	*Dose of diamorphine not unreasonable* *I think in this situation given his general situation and the likelihood of him dying if it is documented he needs pain relief and anxiety those drugs in those doses would not be regarded as unusual.*
Medical cause of death	Ia Sepsis (from large pressure sore) II DM and mylodyplasia *No doubt* about Ia Unaware of the PM which	Ia bronchopneumonia II Parkinson's and sacral ulcer

	concluded bilateral bronchopneumonia.	
Causation	*Think he was going to die no matter what happened.* *It is possible that the* [diamorphine?] *may have slightly shortened life*	*Death from bronchopneumonia* *not unexpected* *This was a man coming to the end of his life.*

Packman

Issue	**Black**	**Wilcock**
Prognosis	Terrible	Not terminally ill on admission. Transferred for rehabilitation.
Prescription / administration	*Judging the starting dose would be quite difficult in quite a young person who is also very obese, probably with variable absorption ... Look at the patient in front of you.* *Starting dose of diamorphine was high but doses used were required to control his symptoms.*	Diamorphine likely to be excessive to his needs
Medical cause of death	I(a) GI Bleed II pressure sores and morbid obesity	I(a) GI Bleed
Causation	*By 1.9.99 death was inevitable* *Diamorphine doses did not contribute in any significant fashion to his death.* *Although there should have been a process of consultation the decision not to transfer was within the boundaries of a reasonable clinical decision.*	*Inappropriate management together with exposure to inappropriate administration of diamorphine contributed more than minimally etc to his death*

Devine

Issue	Black	Dudley	Wilcock
Prognosis	*Progression of her renal disease which is the inevitable cause of her death*	*Death was inevitable*	
Prescription / administration	Concerned about the level of opiods administered and would want to see justification. *By 19th November it would be inappropriate not to provide palliative care.*	*Treated appropriately in the terminal phase of her illness with strong opiods to ensure comfort and calm, to enable nursing care and to maintain her dignity*	*Issues around the drugs used* *Lack of written justification for fentanyl and diamorphine*
Medical cause of death	Ia Acute on chronic renal failure and chronic glomerulonenephritis. II multiple infarct disease and IgA paraproteinaemia		Ia Chronic renal failure Ib glomerulonenephritis Ic IgA Paraproteinaemia
Causation	*Progression of her renal disease which is the inevitable cause of her death* Doesn't accept the overlap of fentanly and diamorphine would have had an effect 3 days later. (*"If the overlap were to cause death I would expect to see the effects there and then"*). Reason for death is renal disease. *Period of greatest risk was the three hours when the*	*In my opinion beyond all reasonable doubt Mrs Devine was dying from a combination of amyloidosis, progressive renal failure and dementia. It is possible that the acute deterioration in her condition on 15th November was*	*Feel the nature of death was in keeping with her entering the terminal phase naturally* *Difficult to separate out the effect of fentanyl and diamorphine with any certainty.* *Defer to Dudley*

	dose was high.	*precipitated by an unidentified infection.*	

Robert Wilson

Issue	Black	Wilcock
Prognosis		
Prescription / administration	*In using 50mg of morphine has to be very clear justification that the use of that drug outweighs the potential side effects. Metabolism of morphine is unpredictable.*	Critical
Medical cause of death	Ia Alcoholic liver disease	Ia Cardiac failure II Cirrhosis of liver
Causation	Initial view: *not able to decide from the notes whether the treatment he received made it more likely than not.* Under questioning from Mr Sadd: *Likely to have formed a major contribution to his death.*	*Impact of the* [morphine] *is impossible to judge as he deteriorated very rapidly.* *Understands how Prof Black's view is reached and if it wasn't for pulmonary oedema my conclusion would probably be along similar lines.*

Enid Spurgin

Issue	Black	Wilcock
Prognosis		
Prescription / administration	Concerns over starting levels No justification for the starting level of diamorphine or for the further increase in midazolam.	Excessive to her needs
Medical cause of death	I(a) Wound infection	I(a) Infected wound

	II fractured neck of femur	I(b) Hip fracture
Causation	Nothing	Doses would have contributed more than minimally etc towards death *Consequence of that dose she died when she did.*

Shelia Gregory

Issue	**Black**	**Wilcock**
Prognosis	*Increasingly unlikely going to make a good outcome and return home.*	
Prescription / administration	*Upper limit of normal, not exceptional in my view.*	
Medical cause of death	Ia Pulmonary Embolism II Cardiac failure, ischemic cerebrovascular disease and fractured neck of femur.	PE or bronchopneumonia
Causation	*Slow post operative decline. Not uncommon picture at end of life.*	