

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: REID, RICHARD IAN

Age if under 18: 0.21 (if over 18 insert 'over 18') Occupation: CONSULTANT ELDERLY MEDICINE

This statement (consisting of 31 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 in it anything which I know to be false or do not believe to be true.

Signed: R I REID

Date: 26/11/2004

I am Doctor Richard Ian REID and I reside at the address detailed overleaf.

Further to my earlier statement regarding Elsie DEVINE , I wish to add the following:-

I have been shown the below listed documents by Detective Constable Code A

1. Exhibit BJC/16/PG/274&275
2. Exhibit BJC/16/PG/276
3. Exhibit BJC/16/PG/277&278
4. Exhibit BJC/16/PG/279&280

The above four documents form the prescription sheet of Mrs Elsie DEVINE whilst she was an inpatient on Dryad Ward of Gosport War Memorial Hospital .

I have been allowed by DC Code A to properly examine these documents and to reassemble them into their original format.

Exhibit BJC/PG/277&278 forms the basis of the document.

Exhibit BJC/PG/279&280 would have originally been attached to the edge of the previous document creating one long folding card or booklet.

Exhibit BJC/16/PG/276 is a stick on extension to the above documents which would have been

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affixed to exhibit BJC/16/PG/277&278 on page 278.

Exhibit BJC/16/PG/274&275 is a further extension of the document which would have originally been affixed above exhibit BJC/16/PG/276.

I have been asked to explain the content of the above documents and provide an explanation of each drug detailed on them, to give an account from these documents of what the dose rate of each drug was, as shown on the prescription sheet and finally to comment on the use of each drug prescribed.

I first wish to state that I am not the author of any of the notes or writing on these documents.

My name appears at the top of page 277 beside the word 'Consultant'. From my examination of these documents, together with my examination of the clinical notes as referred to in my earlier statement, I am able to say that none of the drugs listed on the prescription sheets was prescribed by me or prescribed on my advice or instruction. There is however one possible exception to this, that being the drug 'Amiloride' - a drug used to treat fluid retention or heart failure.

This drug was prescribed on 1st November 1999 (01/11/1999) by Dr BARTON. It is possible that Dr BARTON consulted me regarding the prescribing of this drug in Mrs DEVINE's case or that Dr BARTON prescribed it on my instruction.

These documents would have been available to me and would almost certainly have been examined by me on each of the occasions that I conducted a ward round of Dryad Ward during the period that Mrs DEVINE was on the ward. Namely on 25th October 1999 (25/10/1999), the 1st November 1999 (01/11/1999) and finally on 15th November 1999 (15/11/1999).

I feel that these documents are best explained by detailing each drug in turn by date order.

As previously stated Mrs DEVINE was admitted to Dryad Ward, Gosport War Memorial Hospital on 21st October 1999 (21/10/1999) from the Queen Alexandra Hospital .

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On 21st October 1999 (21/10/1999) Dr BARTON has prescribed a regular dose of:-
Thyroxine 100 micrograms daily.

This drug is for the treatment of hypo-thyroidism which is an under active thyroid gland which if severe and untreated could cause confusion.

In my experience I would say that this would be a very common treatment dose for persons suffering from this complaint. This dosage is monitored by carrying out blood tests.

Mrs DEVINE would have taken this drug in tablet form. There are no major side effects of this drug.

I note from the prescription charts that Mrs DEVINE took this drug from 22nd October 1999 (22/10/1999) until 17th November 1999 (17/11/1999). I can only assume that Mrs DEVINE's condition after this time had become such that she was no longer able to take this drug orally or was refusing to take drugs orally.

On 21st October 1999 (21/10/1999) Dr BARTON also prescribed a regular dose of Frusemide 40 mg tablets, one daily. This drug is used in the treatment of fluid retention and heart failure and also other conditions. The dosage prescribed is the most usual starting dose of this drug. This drug was administered from 22nd October 1999 (21/10/1999) until 17th November 1999 (17/11/1999). The use of these two drugs together is quite compatible.

On 21st October 1999 (21/10/1999) Dr BARTON also prescribed on an 'as required' basis the drug Temazepam 10mg tablets, one at night.

This drug is a 'sleeping tablet' and one 10mg tablet is the normal starting dose for this drug.

The drug was administered on one occasion only to Elsie DEVINE. This was at 0115 hours on 11th November 1999 (11/11/1999).

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Given the history on admission to Dryad Ward of 'confusion' and the fact that changes of environment/hospitals can increase 'confusion', particularly at night, I do not feel it was unreasonable to have prescribed this drug on an 'as required' basis on her admission to Gosport War Memorial Hospital.

It must be borne in mind that nursing staff are not permitted to administer drugs without them first being prescribed by a doctor.

Gosport War Memorial Hospital operated with only a 'Clinical Assistant', Dr Jane BARTON and therefore there was no resident medical cover in the form of a doctor available on site 24 hrs a day.

It was therefore in my opinion good practice to prescribe on an 'as required' basis a sleeping pill for this patient.

This would allow the nursing staff to administer the drug if required without consulting a doctor.

On 21st October 1999 (21/10/1999) on admission to the Gosport War Memorial Hospital I note that Dr BARTON has also prescribed in the 'as required' section the drug 'Oramorph' at a strength of 10mgs in 5mls in a dose of 2.5 - 5mls 4 hourly as required. This drug is an oral morphine drug in solution and the dose prescribed in milligrams is 5-10mg.

This is the usual recommended starting dose for this drug.

This drug is usually used in the treatment of pain.

This drug, according to the prescription sheets was never administered to Elsie DEVINE.

Given that there is no resident doctor at Gosport War Memorial Hospital I feel that it would be entirely reasonable to prescribe on an 'as required' basis a simple 'analgesic' (painkiller) which

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the nursing staff could then administer if required.

In the absence of any documented pain being reported in the case of Elsie DEVINE I feel that this prescription was inappropriate at this stage. This is because 'analgesics' can be divided into 3 levels/groups of which 'Oramorph' falls into the strongest level/group.

On 1st November 1999 (01/11/1999) I note that Dr BARTON has prescribed the drug 'Amiloride' 5mg tablets, one daily. This drug is used to treat fluid retention or heart failure.

This is the usual recommended starting dose of the drug and is at the lower end of the starting range.

This drug was administered from 2nd November 1999 (02/11/1999) to the 18th November 1999 (18/11/1999).

The use of this drug is entirely compatible with 'Frusemide' and Thyroxine.

This drug was possibly discussed with me prior to prescription as stated earlier in this statement.

There are two reasons that possibly led to the prescription of this drug. The first being that Mrs DEVINE's fluid retention was increasing namely her legs were swelling.

The second being that 'Frusemide' can have the effect of lowering potassium levels in the blood whereas 'Amiloride' can have the effect of raising potassium levels in the blood. Therefore it can be useful to use these two drugs in combination. 'Amiloride' can, in some cases, cause a worsening of kidney function and requires monitoring if given. This can be achieved by blood tests.

On 11th November 1999 (11/11/1999) I note that Dr BARTON prescribed 'Trimethoprim' 200mg tablets, one daily for a period of 5 days.

'Trimethoprim' is an antibiotic which is commonly used for the treatment of urinary tract

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infections. This is in my opinion an entirely correct dose and length of treatment.

This drug is compatible with the other prescriptions taken daily by Mrs DEVINE at this time.

I note that Mrs DEVINE completed the course of treatment involving this drug on the 15th November 1999 (15/11/1999).

Caution should be taken when administering this drug to patients suffering from impaired kidney function.

However failing to treat a urinary tract infection can also have adverse consequences on kidney function. Therefore there is a need to monitor.

On 11th November 1999 (11/11/1999) Dr BARTON prescribed on an 'as required' basis 'Thioridazine' 10 mg tablets, one three times daily.

'Thioridazine' is a drug used in the treatment of 'restlessness', 'agitation' and 'confusion'.

The drug has a tranquillizing and sedative effect.

The dose prescribed in Mrs DEVINE's case was at the very bottom end of the dosage range.

This drug was administered on ten occasions between 11th November 1999 (11/11/1999) and 17th November 1999 (17/11/1999) to Mrs DEVINE. She received the prescribed dose on each occasion. These were as follows:-

1. 0830 hrs on 11th November 1999 (11/11/1999)
2. 1330 hrs on 12th November 1999 (12/11/1999)
3. 0825 hrs on 13th November 1999 (13/11/1999)
4. 1800 hrs on 13th November 1999 (13/11/1999)
5. 0825 hrs on 14th November 1999 (14/11/1999)
6. 1945 hrs on 14th November 1999 (14/11/1999)

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7. 0830 hrs on 15th November 1999 (15/11/1999)
8. 2130 hrs on 15th November 1999 (15/11/1999)
9. 0845 hrs on 16th November 1999 (16/11/1999)
10. 1740 hrs on 17th November 1999 (17/11/1999)

No more than 2 tablets were given in any one day. The prescribed limit being three tablets.

This drug is compatible with the other prescribed drugs that Mrs DEVINE was taking on a daily basis.

On 15th November 1999 (15/11/1999) I carried out a ward round at Dryad Ward, Gosport War Memorial Hospital. On Mrs DEVINE's clinical notes of that day I noted the use of this drug to treat Mrs DEVINE's 'aggression' and 'restlessness' (see exhibit BJC/16/PG/154&155). I have also referred to its use in my earlier statement and mentioned that I felt it was important that, when a new drug was prescribed, that the reasons for this were recorded on the medical notes.

This does not appear to have been done in this case.

I would consider that the dose prescribed of 'Thioridazine' was wholly appropriate at that time in the treatment of Mrs Elsie DEVINE's 'aggression' and 'restlessness'.

On 18th November 1999 (18/11/1999) Dr BARTON prescribed 'Fentanyl TTS', 25 micrograms as a self adhesive skin patch on a 'regular basis'- every third day. 'Fentanyl' is a drug used in the treatment of pain.

This drug was administered in 'patch' form at 0915 hours on 18th November 1999 (18/11/1999).

The drug once administered in 'patch' form does take a period of time before it is fully effective.

This period can be up to 24 hours.

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