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RECORD OF INTERVIEW

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Person interviewed: DALTON, JEAN ELIZABETH

Place of interview: PARK GATE POLICE STATION

Date of interview: 18/07/2000

Time commenced: 1408 Time concluded: 1452

Duration of interview: 44 MINS Tape reference nos. (◆)

Interviewing Officer(s): DC Code A DC Code A MCNALLY

Other persons present: Mr GRAHAM - Saulet & Co Solicitors, Portsmouth

Police Exhibit No: LMC/JED/33 Number of Pages: 44

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	DC Code A	This interview is being tape recorded. I am DC Code A the other police officer present is....
	DC Code A	DC Code A
	DC Code A	Okay, the date is Tuesday the 18th July, year

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	2000, time by my watch is 14.08. I'm interviewing Mrs DALTON, please can you give your full name and date of birth?
DALTON	Jean Elizabeth DALTON, Code A
DC Code A	Okay, thank you. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes, okay. I'm now going to read out this set screed that we have and just to try and explain why we're here and what we're able to achieve by this interview. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21st of August 1998, at Gosport War Memorial Hospital. The investigation centres around an allegation the Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of August whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully

		assessed in the light of information arising from other interviews with staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and are free to leave at any time. Your right to free legal advice in private extends throughout the period you're at the police station. You do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court, anything you do say may be given in evidence. Okay, now that's the caution.
2.16	DALTON	We haven't involved a solicitor at this stage.
	DC Code A	No but we'll got through that when I...
	DC Code A	Yeah, yeah. First things first, do you understand the caution, which is what I've just read out to you?
	DALTON	Mmm.
	DC Code A	You do, okay. What I've just done there is just reminded you that anytime throughout the time you're here you can stop the interview and say you know I don't want to talk to you anymore I

		want to seek further legal advice, okay...
	DALTON	Mmm, mm.
	DC Code A	...That's just reminding you of that right. Now I understand at this moment you have spoken to somebody...
2.45	DALTON	Yeah.
	DC Code A	...but you don't wish them to be present at this stage?
	DALTON	No.
	DC Code A	Is that correct?
	DALTON	Yep.
	DC Code A	Right, okay but obviously if that changes in any way then it is your right to stop the interview and as I say you're not under arrest and you're free to leave at any time. Okay, that's what we're trying to achieve, is obviously the allegation surrounding Mrs Gladys RICHARDS and what we're trying to do is gather accounts and answers from the medical staff, we've interviewed a great deal of nurses from Daedalus ward where Mrs RICHARDS was and we've just obtained accounts from them on various points and your role is obviously going to be slightly different as a pharmacist, but the principals the same it's just really to get a chain of events, exactly what you do, how it fits in with the hospital and some more specific questions regarding Gladys RICHARDS.

		We've got the notes here and you can refer to these at any time if you want to to have a look and comment on various, various bits and pieces in there, okay. What I'd like you to do first if you can is just go over your job role, your job title and your level of experience in that field.
4.18	DALTON	Erm each of the peripheral units that are associated with erm Health Care Trust in Portsmouth hospitals have a contract for pharmaceutical services to an agreed level, which is set out from time to time and the current contract, or rather the contract that was in operation then was a twice weekly pharmacist visit to that site and at that time Daedalus ward would have been visited on a Thursday and that visit involves looking through the medical charts and checking for supplies and just generally checking whether things are appropriate.
	DC Code A	What to a persons needs?
	DALTON	Yes, erm specifics don't always come into it. It could be general observations, it could be anybody, maybe the doses are inappropriate or there's something that would suggest they shouldn't be on these particular medicines so yes I suppose it becomes patient specific but you know there's all sorts of examples you could quote that it wouldn't be wise for any

		asthmatic to consider certain medicines, so it's not specific to the patient, it's specific to the disease so...
5.52	DC Code A	Right.
	DALTON	...yeah the whole thing comes into it.
	DC Code A	If I can just take you back then so your job title is?
	DALTON	As a community pharmacist, well community services pharmacist because erm over recent years our retail colleagues have taken on the title of community, it's quite a different role.
	DC Code A	Oh right so to avoid confusion...
	DALTON	Yeah.
	DC Code A	...change your name, okay and you're employed at QA aren't you?
	DALTON	I am yeah.
	DC Code A	And based at QA?
	DALTON	Yes.
	DC Code A	And then you visit various....
	DALTON	Off site units.
	DC Code A	...off site units so Gosport War Memorial would be one of those...
	DALTON	One of them, yeah.
	DC Code A	...got any other (inaudible)....
6.29	DALTON	Er St. Christopher's currently.
	DC Code A	Where's that?
	DALTON	In Fareham.
	DC Code A	Oh right, yeah.

	DALTON	And er there, well we've got various units, we've had different one's over the years that either have changed or don't exist any more.
	DC Code A	So...what's your level of experience as a pharmacist? How long have you been qualified?
	DALTON	Er yeah, where are we, '75 so it would be 25 years this year.
	DC Code A	25 years, is that all...
	DALTON	Qualified.
	DC Code A	...Is that practising as well?
	DALTON	Yeah.
	DC Code A	And has that all been at QA or (inaudible)...?
	DALTON	Based at QA er although I did have a stint as the pharmacist in charge when we used to have Royal Portsmouth Hospital.
	DC Code A	Oh right, yeah.
	DALTON	Which is long gone.
7.14	DC Code A	Yeah.
	DALTON	'77, '79.
	DC Code A	Okay, so we would, we just wanted to get that and that...you visited Gos...you visit...do you still visit Gosport on Thursday?
	DALTON	Yes.
	DC Code A	Okay...
	DALTON	But I don't visit Daedalus normally on a Thursday now...
	DC Code A	...Right, has it...

	DALTON	...it's changed this year.
	DC Code A	...has each ward got it's own drug store?
	DALTON	They've each got their own stockholdings.
	DC Code A	Right so they'll have their own collection of...
	DALTON	Every ward throughout the hospital service has a particular need for certain medicines on a regular basis so they are supplied stocks which it's up to them to maintain stock level of.
	DC Code A	Right, is it yourself who would provide the stock with taken it and stock up or would, is it down to the ward?
	DALTON	No, no they send an order on a weekly basis.
8.15	DC Code A	What to...
	DALTON	To the pharmacy department at Queen Alexandra...
	DC Code A	Right.
	DALTON	...I might get involved in erm stock supplies if for the sake of argument they're using more than they would normally of any product and they might ask me to organise a supply, they might equally phone up and ask for a supply then they fax through requesting a supply...
	DC Code A	Right.
	DALTON	...so there's all sorts of mechanisms to get stock.
	DC Code A	Okay but basically it comes through your department?
	DALTON	Mmm, mmm.
	DC Code A	Okay so when you visit on a Thursday what or

		when you visited Daedalus ward or any ward in fact, what are your responsibilities? What do you have to do as a pharmacist in your role?
	DALTON	Well I've just you said that.
	DC Code A	Can you just go over it again 'cos there was a couple of points I wanted to get across?
	DALTON	Yeah you would erm in the case of Daedalus ward it would be a matter of going through all the medicine charts...
9.10	DC Code A	Yeah.
	DALTON	...ensure it's 'cos not only do they have stock supplies, we have a non stock system...
	DC Code A	Right.
	DALTON	...which would be medicines that are not generally used across the board and would be supplied for an individual specifically so that is something that I am involved in, in ensuring continuity of those supplies...
	DC Code A	Right
	DALTON	...and as I go through the charts I would also check for relevance of medicines that are prescribed.
	DC Code A	Right, okay and we were talking about whether that was to individuals or to a disease?
	DALTON	Well yeah, it could be either, or which we'd already said...
	DC Code A	Yeah.
	DALTON	...they're general principles that could apply

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		because they've got a condition...
	DC Code A	Certainly.
	DALTON	...over and above them being an individual.
9.54	DC Code A	So do you get involved in looking at the prescriptions that have been made out by doctors to various patients on the wards?
	DALTON	Yeah because that's a prescription chart.
	DC Code A	Right, okay is that something like this? I'll show you the ....
	DALTON	Yeah, that's it.
	DC Code A	...that's it is it, which is a prescription sheet?
	DALTON	Mmm, mm.
	DC Code A	This one is...the one I'm showing you is for Gladys RICHARDS?
	DALTON	Mmm, mmm.
	DC Code A	Which covered her from the 11th through to the 21st, so in general terms then you would study this sheet to see what their currently on...
	DALTON	Yeah.
	DC Code A	...and to see if it's appropriate...
	DALTON	Yeah.
	DC Code A	...to that person?
	DALTON	And as you can see in the pharmacist box I endorse whether it's a stock item or a non stock item.
11.01	DC Code A	Could you point that out to me? I see, okay.
	DALTON	Here, here, here, here.
	DC Code A	So an S means it's a stock item?

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	DALTON	It's something I have seen and could have taken action on if I felt it was appropriate.
	DC Code A	Right so for example haloperidol...
	DALTON	Yeah.
	DC Code A	...is listed as a non stock item...
	DALTON	Non stock there because that's the oral form and they don't carry a stock.
	DC Code A	...Right, so does..okay, I just want to get this straight in my head because it's...I don't want to sort of try and get it all confused. So you would look at this and let's look at...if it's a stock item then am I right in saying it's something, if there's a problem with it or you feel there's a problem with...
	DALTON	Yes I would also comment.
	DC Code A	...You would also comment?
	DALTON	Yeah.
	DC Code A	But if it's a non stock item?
	DALTON	I would also comment.
11.57	DC Code A	You would also comment, right. It's just that the stock items are things you can check?
	DALTON	Well it's just, really this if you like, you're looking through twenty plus of these...
	DC Code A	Yeah, yeah.
	DALTON	...the first action is to check that the non stocks supplies are going to be adequate to the next visit and at the same time you might take on board things that are not maybe as they ought to

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		be but it's quite a lot of information to take on board all in one go, 'cos having sorted out whether I'm going to make supplies, I would then go back through the charts specifically looking for things that I wasn't maybe appropriate for whatever reason.
	DC Code A	Right.
	DALTON	And then I would bring it to the attention of the staff or, and, or directly the doctor depending on the level.
	DC Code A	So for arguments sake, for an example, lactulose which I know is a laxative....
	DALTON	Mmm, mm.
	DC Code A	...bearing in mind patient X you know, that wasn't appropriate, you felt that was unnecessary or (inaudible)...
13.04	DALTON	Or the dose didn't add up or...yeah if there was things that weren't appropriate for any individual with any medicine, yes.
	DC Code A	...Yeah, yeah okay. So you sort of work on two levels then, one is as a sort of stock...
	DALTON	Non stock, named patient supply then if you like.
	DC Code A	...yeah, yeah.
	DALTON	Yeah.
	DC Code A	And the other reas...as a qualified pharmacist to ensure that...
	DALTON	Yes, I suppose you..to clear it in your mind you

		could divide it like that. One function is ensuring continuity of supply...
	DC Code A	Yeah.
	DALTON	...largely non stock or named patient supply and the other part if to ensure that what is being administered whether it's stock or non stock is appropriate.
	DC Code A	Is appropriate, okay. So in terms of...if you do come across something where you think well I'm not happy with what's being prescribed here and it could be to the detriment of a patient...
	DALTON	Yeah.
14.06	DC Code A	...what procedure would you follow then to ensure that was rectified?
	DALTON	Depending on the level of urgency erm it could be one of various forms, either it would be referred back through the senior nurse to bring it up on the next medical visit whether that be erm the clinical assistant or the consultant. If it was very urgent I'd phone direct 'cos the other aspect of this is erm because of the erm determined level of requirement which relates to the contract that was set up this could have been happening for a number of days.
	DC Code A	Right because you visit weekly as opposed to daily?
	DALTON	Mmm

	DC Code A	So someone could be prescribed something...
	DALTON	Mmm, mm.
	DC Code A	...over a few days and you...
	DALTON	Yeah.
	DC Code A	...wouldn't be aware of it?
	DALTON	Mmm, exactly.
	DC Code A	Okay, all right well looking at the drugs that were prescribed to Mrs RICHARDS, now we've got four that we understand that work on the syringe driver, three initially on the 18th of August '98 and then it was topped up to four on the 19th, the fourth one being hyoscine and we have midazolam, haloperidol and diamorphine. I wonder if you could just go through those and just explain what their role is? What they aim to combat?
15.42	DALTON	Well they're all stock items which are routinely used in palliative care.
	DC Code A	Okay.
	DALTON	And I say their decision to go with these was after my last visit.
	DC Code A	Right, okay so your previous visit then would have been?
	DALTON	17th.
	DC Code A	The 17th, okay then you would have visited again...
	DALTON	Well no...
	DC Code A	No, it would be the 12th?

	DALTON	...no well it would have been the, no, no, no, it's because I've switched my role, erm I would have visited the Thursday that week which is...would have been the 20th so I would have seen this or should have seen it.
	DC Code A	But that would have been two days after the prescription had already been issued?
	DALTON	Mmm.
16.31	DC Code A	Okay, so their drugs that can be used for palliative care in a palliative care role?
	DALTON	Yes, they can.
	DC Code A	Can be, okay. I wonder if you could sort of just go through them one by one and just say you know what diamorphine does, what haloperidol, hyoscine and midazolam?
	DALTON	You'd use diamorphine for pain and you would use erm haloperidol's got more than one use, you can use it for nausea which is often associated with erm using opiates. You can use it for anxiety and restlessness. The midazolam erm is used for various purposes as well, can be used if they were previously epileptic and there's a risk when they can't take their regular medicines that that could become a problem, it's also used for anxiety and did you say you want to know about hyoscine?
	DC Code A	Yes please, yeah.
	DALTON	Yeah erm (inaudible) rattly breathing and it

		helps also to dry up secretions so it in a sense of erm having to use suction for example because erm you know you get this filled up with fluid in the throat and lungs, it's often used for that purpose.
18.14	DC Code A	Is that prevalent in any particular type of patient, the rattly chest?
	DALTON	No erm it's sometimes you get it and sometimes you don't.
	DC Code A	Okay does it affect sort of patients who are conscious and able to get about?
	DALTON	Well you would...you only start using syringe drivers when people can't swallow so you probably are bordering on erm a problem with their level of consciousness.
	DC Code A	Right, okay.
	DALTON	You always use the oral root up until erm you know that becomes dangerous because if you persist in using an oral root you could get erm carry over into the lungs if they're not swallowing, so erm that obviously is other problems, so it's...you routinely swap to erm a subcutaneous route or IV route or IM route by injection, in some cases we use a rectal route but not so often these days.
	DC Code A	Right so the driver, one of the reasons for use is when they're unab...the patient is unable to swallow?

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	DALTON	Mmm, there would be no reason for me to be alarmed about any of that because it, it's directly follows prescribing guidelines.
19.44	DC Code A	What the drugs here?
	DALTON	Mmm, mmm.
	DC Code A	Oh right, okay. So if there, I mean these four are all loaded onto the driver...
	DALTON	Mmm.
	DC Code A	...and I think you can see the amounts...
	DALTON	Mmm.
	DC Code A	...obviously so as that is there's nothing there to alarm you?
	DALTON	No
	DC Code A	Are you aware of any sort of possible side effects with these four?
	DALTON	No drug is side effect free.
	DC Code A	Right, okay.
	DALTON	There is a Portsmouth document...
	DC Code A	Oh right.
	DALTON	...that refers to all these medicines.
	DC Code A	For the purpose of the tape, you've produced the Palliative Care Handbook Guidelines on Clinical Management 4th Edition. Right, okay so this must cover also the drugs used and any side effects?
20.47	DALTON	No it won't necessary go into...
	DC Code A	Oh right.
	DALTON	...deep detail about side effects, it's just a

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	guidance erm how you might control different symptoms that develop when you're providing palliative care because it, it's not just a simple subject, it's an umbrella of conditions and erm once you go down the avenue of palliative care you're concern is comfort for patient. The team that are dealing with the problem and of course the relatives.
DC Code A	In relation to palliative care, I mean we've been asking...
DALTON	Yeah.
DC Code A	... sort of people for their own sort of definition of the term, I mean I wonder if you're able to give your sort of definition of what palliative care means?
DALTON	Well it's never a decision arrived at lightly erm there's always a lot of discussion between all concerned as to appropriate roots. I suppose it's the end result when you feel or it's felt that you can do nothing more about the situation with treatments that are available and you're concern then is erm keeping the patient comfortable along the lines of following such as the palliative care guidelines which erm are reflected in the British National Formally as well.
DC Code A	Right, okay. I mean to summarise that then is it fair to say it's to ensure somebody has a pain

		free or comfortable death?
	DALTON	Symptom free as far as possible...
	DC Code A	Symptom free.
	DALTON	...it might just not be pain 'cos...
	DC Code A	Right.
	DALTON	...for example we're talking about the hyoscine...
	DC Code A	The rattly chest.
	DALTON	...yeah and erm and these I say are unfortunate side effect of this is nausea and it's nothing...
	DC Code A	(inaudible) diamorphine?
	DALTON	...Yeah, there's nothing more rotten then...
	DC Code A	Yeah.
	DALTON	...and also anxiety which you could expect.
	DC Code A	Okay but it's a case of trying to give a...
22.50	DALTON	Care package.
	DC Code A	...yeah a comfortable...
	DALTON	Yeah.
	DC Code A	...sort of somebody who is dying is just to help them have a comfortable death?
	DALTON	Yeah, controlled in their symptoms, you don't always achieve it.
	DC Code A	No, I'm sure you don't no.
	DALTON	You're lucky if you do erm...
	DC Code A	But it's an attempt to do that?
	DALTON	Yeah.
	DC Code A	Okay.
	DALTON	And it's well documented, well used nationally,

		universally, you name it, there's lots of medicines you could choose but they're all if you like brothers and sisters or cousins of these particular ones. You'll find that different groups of people will use certain medicines they're familiar with 'cos that's something well...
	DC Code A	So is this saying individual doctors may in Mrs RICHARDS case prescribed a different course of treatment or medicines than what she was on at that time, it depends what doctor prefers which drug?
	DALTON	I can't comment on that, all I'm saying is that there are other medicines that do similar work.
23.54	DC Code A	right.
	DC Code A	Okay, but there's nothing there to concern you?
	DALTON	No.
	DC Code A	Although there are side effects you mentioned diamorphine, nausea?
	DALTON	Yes nothing, nothing is side effect free.
	DC Code A	Yeah, is there anything there in terms of side effects that could possibly be a danger to a patient that people might have to be aware of?
	DALTON	Well that depends what angle you're coming from erm used correctly no.
	DC Code A	What I'm, what I'm sort of asking really is there maybe some drugs and I don't know because obviously I'm not an expert where you put two

		together and there might be guidelines to say well you might have to watch this patient because it might cause a particular effect which you need to be aware of. Do you see what I'm trying to say?
24.52	DALTON	Well I think, I think what you're coming from is erm what has been sometimes labelled poly pharmacy...
	DC Code A	Right
	DALTON	...the more medicines you use the more risk of side effects and interactions you going to get.
	DC Code A	Oh right, okay.
	DALTON	Nobody would ever deny that, it's a common fact...
	DC Code A	Yeah.
	DALTON	...but sometimes you don't have a choice because of the symptoms you're dealing with.
	DC Code A	So what are you saying they'd be a bit the lesser of two evils...
	DALTON	Yeah.
	DC Code A	...so to speak?
	DALTON	Yes and it all has to be weighed up in that persons interest, that's really cycling back to the fact that it's an umbrella approach to care and as you can see from this chart erm it's been erm there's quite a variation in dose offered but they've only gone at the lower end of the scale because it obviously kept the patient

		comfortable.
	DC COLVIN	Mmm, I was going to ask you to comment on that actually on the amounts...
26.03	DALTON	Yeah, well...
	DC COLVIN	...were actually administered?
	DALTON	...well if you care to refer to that book...
	DC COLVIN	Okay.
	DALTON	...you'll see that the doses can be a lot bigger.
	DC COLVIN	So in terms of say you've got a scale on how...
	DALTON	Yeah.
	DC COLVIN	...how great or low the level is?
	DALTON	Yeah erm it's usually worked out on a format of where they've been before they get to this situation and this is only a, have you got another chart?
	DC COLVIN	This is what's in the care plan and I understand she was on oramorph?
	DALTON	Yes.
	DC COLVIN	Initially?
	DALTON	Mmm, well if you, well it would appear that she got so she couldn't swallow because this charts a very new one so all her charts should be in her notes.
26.59	DC COLVIN	Right, what other charts would there...
	DALTON	Well previous ones to this.
	DC COLVIN	Oh what from previous time spent in hospital?
	DALTON	Yeah.
	DC MCNALLY	I think that one covers the whole of the time, it

		covers the two periods that she spent at...she was initially admitted to Haslar on the 11th?
	DC COLVIN	Yeah.
	DC MCNALLY	And this drug chart was used in Haslar I believe.
	DALTON	I wouldn't have thought so.
	DC COLVIN	No.
	DC MCNALLY	No, sorry, no this is the initial visit to Gosport after the post operation weren't it on the 11th.
	DC COLVIN	She was admitted on the 11th.
	DC MCNALLY	Yeah.
	DC COLVIN	Then she was then admitted to Haslar on the 14th because she had a fall and then she returned after having that corrected back on the 17th of August so they it may be they've kept the same....?
	DALTON	Yes they would do because that would have been kept 'cos erm I think you said, like you've just said she had to have erm treatment at Haslar that Gosport couldn't offer and once that was er resolved she came back.
28.00	DC COLVIN	Just to summarise before we move on, there's a couple of things that (inaudible). You qualified as a pharmacist?
	DALTON	Yeah.
	DC COLVIN	Now I didn't ask you does that mean you're a qualifie...is that what you've actually qualified as or are you a nurse who's performing that

		role?
	DALTON	No you can only erm get into pharmacy by doing a pharmacy degree.
	DC Code A	Right, okay.
	DALTON	It's a specific degree course.
	DC Code A	It's specific to that?
	DALTON	Yes.
	DC Code A	So it's not like you can be a nurse and then...
	DALTON	No
	DC Code A	...take a course and ...?
	DALTON	Well you could do, anyone can take a degree...
28.34	DC Code A	Right, but you still have to ....
	DALTON	...if you've got the relevant qualifications, yeah.
	DC Code A	...Yeah, yeah, okay. That's great. I'm just going to talk about when you make your visits, and we've discussed, we've sort of perhaps simplified it a bit so I can get my head round it a bit, we've got the sort of the checking the stocks and making sure, and also making sure they're appropriate to the patient. Do you routinely have conversations with the doctors on the ward regarding any queries you have or what sort of...do you have a discussion with the members of staff there?
	DALTON	There's not many visits erm...
	DC Code A	I think I can simplify that question, you said that you look at the prescription details, amounts and types of drug and how do you relate those, that

		prescription to an individual patient? Do you go and see the patient...
	DALTON	No.
	DC Code A	....or do you read the patients notes?
	DALTON	No. I only go to the patients notes if I feel that will help me clarify anything that I might have concern about otherwise I don't go near them.
29.44	DC Code A	So if you were shown somebody's prescription, how would you understand that that prescription was suitable for that patient for the course of treatment that the doctors put her on?
	DALTON	I would only know the same erm...
	DC Code A	I'll move this out of the way.
	DALTON	...I don't know them as individuals.
	DC Code A	Right.
	DALTON	In terms of I've met them...
	DC Code A	Yeah.
	DALTON	...I'm only looking at that in terms of what's on that piece of paper.
	DC Code A	Right so what you see is the prescription record?
	DALTON	Yep, if I want to look at the notes I can.
	DC Code A	Right is it...is there anything on the prescription record which would...
	DALTON	But I would...
	DC Code A	...indicate to you...
	DALTON	...routinely look at the notes.
30.24	DC Code A	Is there anything on the prescription record

		which would indicate to you what was wrong with that specific patient?
	DALTON	In what way?
	DC Code A	I don't know like a cancer patient, would there be something on the...on this paper that you said that you referred to, to tell you that this woman's suffering from a form of cancer or anything? I mean I don't know I haven't looked at it properly, I don't think there is so my question is how do you....
	DALTON	No, all that, all that infers to me is that erm palliative care has been determined and that's what's going on.
	DC Code A	Okay.
	DALTON	That's all.
	DC Code A	So you wouldn't...from the drugs that's actually signed you wouldn't be able to tell us what her ailment was?
	DALTON	No.
	DC Code A	No.
	DALTON	'Cos there used across the board for palliative care.
	DC Code A	So I take it once you saw the medical record, sorry not the medical record the prescription record, you came to the conclusion that this patient was dying and this was the course of treatment that would (inaudible).
31.28	DALTON	No she was receiving palliative care.

	DC Code A	Sorry isn't, is palliative care not deemed as something where there is nothing else you can do for a patient?
	DALTON	Well I, yeah...
	DC Code A	So that patient eventually will die?
	DALTON	...but, well so will we all but I'm sorry I'm being facetious here but erm there's no, you can't say specifically when that will happen to anybody.
	DC Code A	No (inaudible)
	DALTON	It could be hours, it could be days, it could be weeks, it could be months there's just no way of knowing and it just vary's so much it's incredible the variation. I don't know if statistics have ever been put together but I would have looked at this and said this person's it's been decided palliative care and we've got, we're now at the stage that they can't swallow.
	DC Code A	Mmm, but you wouldn't know what she, what her...
	DALTON	No.
	DC Code A	...condition was?
	DALTON	No and these medicines are prescribed within recognised dose levels and frequencies.
32.45	DC Code A	Okay.
	DC COLVIN	Would your checking of this include such things of whether they're licensed to be used in such a way? Would it include that as well, so you'd

		look at something and say well hold on that'd on, that's being used in that way I don't think that's right?
	DALTON	Er this is a mute point um the..all the paperwork allows for this but it is agreed general practice to use things, not necessarily within their product license.
	DC Code A	Oh right, okay. Is that something within the Trust or within the palliative care...
	DALTON	Yeah.
	DC Code A	...handbook that you've...so who ...
	DALTON	It's all in the back.
	DC Code A	Who writes this? Is this...
	DALTON	It's all erm recognised people in the field of palliative care.
33.41	DC Code A	So just to clarify that point, I think the question was are they licensed for subcutaneous use? Are there any drugs that you recognise out of the four that have been said that isn't licensed by the drugs company and that is?
	DALTON	Midazolam.
	DC Code A	Midazolam but...
	DALTON	It is used.
	DC Code A	...it's accepted throughout...
	DALTON	Yeah.
	DC Code A	...the local health authority or ...
	DALTON	And the United Kingdom.
	DC Code A	...Right that is...

	DALTON	It's accepted practice in palliative care to use it subcutaneously.
	DC Code A	Right, on that subject of licensing, why isn't it licensed for subcutaneous use if it's licensed for other means of administration you know (inaudible)?
	DALTON	Well as I understand it erm a drug company introducing any medicine would have done trial work and they can only licence something for which they have clinical data.
	DC Code A	Right
34.45	DALTON	So possibly when that, they produce this medicine they didn't envisage that use, that route I should say...
	DC Code A	Right
	DALTON	...er but there are lots of other medicines on the market that are not used within their licence.
	DC Code A	Right
	DC Code A	But then again those are generally accepted...
	DALTON	Yeah.
	DC Code A	...can you give us some examples?
	DALTON	I thought you were going to say that. Er right minds gone blank erm well hyoscine's an example I suppose, there is a product on the market that comes in a patch which is actually marketed for travel sickness...
	DC Code A	Oh right.
	DALTON	...but because it's a non invasive way of ...

	DC Code A	Administering.
	DALTON	...yeah, it could be used for the same reason erm and another product hyoscine again, quells their in oral form again for travel sickness but if you take them you will get that, you're actually using the side effect of that medicine to achieve the effect that you want...
36.10	DC Code A	Oh right, so...
	DALTON	...Some people erm the older antihistamines such as peritol (inaudible) irony they are very good if you've been stung or bitten or just generally got an allergy but it's well known they make you drowsy and some people would take a product for night sedation.
	DC Code A	Right, so it's used in a side effect to treat as opposed to what it's actually meant for?
	DALTON	Yes.
	DC Code A	In a way?
	DALTON	In a way.
	DC Code A	Yeah, okay.
	DALTON	So whether medi...where the company's have a problem you get erm you get a day to build up because there's always somebody that will try something and get a good result and then it sort of filters out into practice and that's how these things grow.
	DC Code A	Then it becomes a...you get various papers like...

	DALTON	Oh yes.
37.11	DC Code A	...like the palliative care book you've shown us there.
	DALTON	Yes, quite, mmm.
	DC Code A	I mean as we've said we're not going to go through this book here, I do thing we have a copy of this anyhow somewhere in the system but are you able to tell us whether it mentions in there that certain drugs although not under licence we can use them or you can use them?
	DALTON	No it doesn't actually say that, it just advises you that some things mentioned are not used within their product licence.
	DC Code A	Oh right.
	DALTON	I have exactly the wording but there is a warning in here, it's very early on. Cautionary notes some of the drugs usage recommended is outside product licence...
	DC Code A	So midazolam is that....
	DALTON	...either by way of indication, dose or route however, the approach described are recognised as reasonable practice within palliative medicine within the UK.
	DC Code A	Right so midazolam is that licensed for a normal injection do you know?
	DALTON	Yeah.
38.14	DC Code A	It's just not licensed for the ....
	DALTON	Subcutaneous.

	DC Code A	...for subcutaneous. Is it licensed for a syringe driver intravenously do you know?
	DALTON	I wouldn't know because I've never been, seen it used like that personally.
	DC Code A	Right.
	DALTON	A driver is a concept as such because it's used for other purposes by injection...
	DC Code A	Yeah.
	DALTON	...IV but you, it would be unlikely that you'd set that up in a driver. All a driver does is deliver the drug at a certain rate per minute, per hour, per day, it's all controlled to release the drug at a certain rate erm you...more normally would probably do it manually.
	DC Code A	What midazolam?
39.07	DALTON	IV route..
	DC Code A	That's right.
	DC Code A	Oh the IV route so...
	DALTON	...but you might, you might set it up in some form of erm delivery system there might be but not, not in the field I work in...
	DC Code A	No.
	DALTON	...and that would be something if I came across it I'd have to go and check because I'm not familiar with it erm that's what any pharmacist would do if they thought, not familiar with this I've got to see if it's practised or there's two issues like we've already discovered, there's

		what the manufacturers say can be done 'cos they've done clinical trials to cover all of that or there's what becomes common practice.
	DC Code A	So just for my own peace of mind, the four drugs that we've talked about the diamorphine, the haloperidol, the hyoscine, the midazolam those amounts and the combination of the four together administered subcutaneously through a syringe driver, you haven't got a problem with?
40.10	DALTON	No.
	DC Code A	Okay, in relation to the syringe driver, we've mentioned that it would be used and looking at this you've said well chances are it's been used because the patient is unable to swallow...
	DALTON	Mmm, mmm.
	DC Code A	...What, are there any advantages of using syringe driver other than that, that your aware of?
	DALTON	Well in my own personal mind I always only in this field see it as a route you would use when they can't swallow.
	DC Code A	When you say this field is this...
	DALTON	Palliative care.
	DC Code A	...palliative care field.
	DALTON	Yeah because you do pursue the oral route as long as you can but yeah you might use, I myself have had what's called patient control analgesia with a form of driver.

	DC Code A	You personally as a patient?
	DALTON	Yeah, yeah.
	DC Code A	Right.
	DALTON	But that was controlled by me.
41.18	DC Code A	Oh was that a button you pressed...
	DALTON	Yeah.
	DC Code A	...when you need the...
	DALTON	Yeah, so yes I mean there are circumstances when you use a form of a driver.
	DC Code A	Are there disadvantages using a driver that your aware of in palliative care?
	DALTON	Well yeah, well only in a general sense because erm you've got a situation that your skin is a wonderful protection until it's broken so that you always have to be careful of the site because you could get infection and some things that are used in drivers can actually irritate the surrounding skin...
	DC Code A	Oh right.
	DALTON	...and sometimes you might be unlucky and get the bruising or a soreness in which case it's checked regularly and they might have to resite it...
	DC Code A	right.
	DALTON	...certainly each time they change it or maybe more frequently than that, it's constantly observed.
42.22	DC Code A	In terms of Daedalus ward which is a point I

		want to cover, what's your understanding of the ward and the patients that they tend to get in there or I mean obviously I'm talking about '98 so if it's changed then...
	DALTON	Yeah well like all areas of health care there's evolving going on erm I've always tended to think of them as a continuing care and erm rehabilitation ward, we're not hospitals as such more now erm and not really in the business of erm long stay care per say and in fact they've replaced the word care by continuing assessment, it's not envisaged that someone erm if they could be cared for it's always if they could be cared for elsewhere wouldn't go elsewhere 'cos of the stress on the beds that are available. So yes in '98 they would have been described as continuing care and rehabilitation.
	DC Code A	Right, okay. Now is that for any particular type of patient in terms of ...?
	DALTON	They're elderly.
	DC Code A	Elderly, okay.
	DALTON	Mmm.
43.44	DC Code A	Just to recap what we've got so far so I've got my head round this because I was struggling a bit there for a minute. You were coming in on a then on a weekly basis which was a Thursday (buzzer sounds)...
	DC Code A	Start again there.

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DC Code A

...Yeah, yeah I think we'll...that's the end of the tape so we'll just change the tapes, we're just going to nip and we'll sort you out another drink and carry on from there. Okay we'll just suspending the interview for a change of tapes, the time by my watch is 14.52 and I'm turning the recorder off.

END OF TAPE

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