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RECORD OF INTERVIEW

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Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 18/07/2000

Time commenced: 1013 Time concluded: 1157

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

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

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

Police Exhibit No: LMC/JEF/36 Number of Pages: 42

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
0.10	DC Code A	This interview is being tape recorded. I'm DC Code A. The other police officer present is....
	DC Code A	DC Code A.
	DC Code A	Okay I'm interviewing Code A Please can you give your full name and date of

birth.

Code A	Code A
DC Code A	Okay and also present is.....
Mr GRAHAM	Mr GRAHAM from Saulet and Co, legal advisor.
DC Code A	This interview is being conducted in the interview room at Park Gate police station. The date is Monday, sorry Tuesday the 18th of July the year 2000 and the time by watch is ten thirteen. Okay at the conclusion of the interview I'll give you a notice explaining what will happen to the tapes okay. What I'm now going to do is just go through exactly why we're here and what we're seeking to achieve by this interview. Excuse me. The Hampshire police have undertaken, 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 that 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 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 professionals 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're not under arrest and you're free to leave at any time. Your right to free legal advice in private extends throughout the period you're at the police station okay. Do you understand that.

Code A Mmm, mm.

2.22 DC Code A The next part is the Caution. 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. Do you understand the Caution.

Code A I think so, yeah.

DC Code A Would you like me just to go through it and explain it to you.

Code A No.

DC Code A You sure.

Code A It's fine.

DC Code A That's basically why we're here, that's the allegation and all basically all I'm after is is just accounts from the members of staff as to what they can remember and what their roles were in relation to the hospital and there's obviously specific questions that we'll go over and we've got the notes here to assist you so you can look at them if you can't remember or to comment, we'll ask you to comment on various points of the notes as we go through.

Code A Okay.

DC Code A What I'd like you to do to start off with is if you could just go over your professional qualifications and your experience as a nurse.

Code A Right I qualified in 1992 August and this year went to work at Saint Mary's hospital in Portsmouth on the new-born unit, worked there for four years, decided I wanted to get back into adult nursing and the night duty post came up on Daedalus ward at the War Memorial and applied for that and was employed for two nights a week initially and I've since moved on from that ward I think it was December 98 I went to work on one of the other elderly care wards in the same hospital on day duties.

DC Code A Right.

Code A Where I am now.

4.11 DC Code A Okay and that's obviously at Gosport War Memorial hospital.

Code A Mm.

DC Code A Okay, so you've been a Registered General Nurse since '92.

Code A '92, middle of '92.

DC Code A What experience have you had with sort of elderly care.

Code A Well since '96 till now.

DC Code A Till now.

Code A I've been working with, in elderly medicine, obviously during my training I um look, I mean there's a lot of elderly people people on the wards and prior to doing my nurse training I worked in various nursing homes.

DC Code A Oh right, how long was that for.

Code A Local nursing homes. Er, probably over a couple of years, was a home carer as well for Social Services.

DC Code A Oh right.

Code A Looking after elderly people in their own homes.

DC Code A Okay.

Code A So going back to about 94 I suppose, 85.

DC Code A 85. Okay. I wonder if you could sort of describe the ward at Daedalus, at the War Memorial

hospital, in terms of what sort of patients you would tend to get into the ward.

Code A I think it's 24 bed ward elderly patients, um some of the patients admitted for continuing care, some um beds were allocated for stroke, we have slowstream rehabilitation and the patients for assessment um some for terminal care, some for palliative care.

5.47 DC Code A Okay. There's a couple of phrases there I'd like you to try and explain. Continuing care. That's what, what does that mean.

Code A Um, they come to Daedalus Ward for continuing care when um say they've been into a hospital like Haslar or Saint Marys or Q.A. um as an acute admission and they've got over their illness or they're they're stable, they need more care they're unable to go home at that stage and they come to Daedalus for um I mean if they've had a stroke they will come so that they can be made as good as they're going to get.

DC Code A Oh right.

Code A With physio input, input from dieticians, occupational therapists.

DC Code A Okay and is that with a view to, what's the final goal with the continuing care patients.

Code A Well I mean if they're well enough to to go home or if that's where where they come from

or back to a rest home or to a nursing home or whatever.

6.52 DC Code A Okay, terminal care I'd, fairly obvious I'd guess.

Code A Yeah um, they may not have been admitted for terminal care but some patients do become terminal, I mean they their illness progresses or you know they have another something may happen to them, another problem that might arise that might make them more poorly.

DC Code A Right and Palliative care, what, what does that mean.

Code A To relieve symptoms, to control symptoms that um keep them comfortable.

DC Code A Right so I get, what's the difference between palliative and continuing.

Code A Well palliative isn't necessarily um terminal I mean they may have pain, they may have other symptoms that that just need to be controlled and um that can be achieved and the person be quite comfortable and happy and.

DC Code A Okay is it right that they can be times when they came out of palliative care.

Code A Yeah there can be.

DC Code A Make a recovery to the point of....

Code A Well the palliative can be, terminal palliative care can be the same, you obviously with the terminal, terminally ill patient you're trying to

		control symptoms there, you don't want them to.....
	DC Code A	Yeah.
	Code A	.....suffer unnecessarily, you're looking at all the things that this, that is wrong with them and what can you do about it. To make life more um (inaudible).
	DC Code A	Yeah and palliative care again is treating symptoms.
	Code A	Yeah.
	DC Code A	But not necessarily terminal in some cases.
	Code A	Treating or controlling you may not be able to get rid of those symptoms, you know if you withdraw the medication and then they may well get those symptoms back again.
	DC Code A	Yeah.
	Code A	But finding the medication to keep them comfortable.
	DC Code A	Okay. That's great. In terms of Daedalus ward and the management of the patients care in terms of treatment and prescriptions for treatment and sort of overseeing....
	Code A	Right.
8.59	DC Code A	.....how they sort of cope with that. What sort of set up is there to ensure that they receive the correct treatment. Who's sort of responsible for doing that in the ward.
	Code A	Well initially when they're admitted they're

clerked in, a doctor will phone through to the surgery, this is what happens in the day I mean at night obviously when I was working on night duty it just wasn't my responsibility, I would always call a doctor in if I needed one but initially a person when they're admitted to the ward would be clerked in and assessed by which ever doctor saw them, um quite often Doctor BARTON it might have been somebody else from the practice depending whether she was on call or not um Doctor BARTON use to come in every morning or a doctor would come in every morning, it was usually Doctor BARTON, first thing and she would obviously get feed back from the nursing staff, how the patient had been over the last 24 hours and then she would decide what she needed to do for them, if anything, um we were able to um call somebody in if we were worried about a patient, a doctor to come in and assess or sometime just to give advice over the phone.

DC Code A Right, so I mean obviously you worked nights.

Code A Yeah.

DC Code A In terms of if there is a problem, what sort of procedures do you go through in order to speak to a doctor.

Code A If I needed a doctor I would have um I've got the on-call number, the health call number.

DC Code A Right.

Code A And then which ever doctor is covering would then come in if I wanted somebody to.

DC Code A Is that a call out...

Code A Yes.

DC Code A ...scheme?

Code A Mmm. Yeah.

DC Code A Okay. Right so to summarise that then Doctor BARTON is the as I understand is the or was the doctor in August 98 the Daedalus ward.

10.53 Code A Yeah.

DC Code A Who would come in.

Code A Yeah.

DC Code A How often would she come in to the ward.

Code A Every day.

DC Code A On a daily basis.

Code A Usually somebody, yeah unless she was away on holiday and somebody would cover for her.

DC Code A Hopefully there would be a doctor.

Code A Always there first thing in the morning.

DC Code A Right okay.

Code A And rounds, sometime, you know the consultant rounds but she would also pop in at different times during the day, I've known her come in you know she just wants to check up on a patient.

DC Code A Right.

Code A May be she's prescribed something for them

earlier on in the day just wants to see or she would phone and find out or.

DC Code A Okay, okay and I appreciate you're on nights. But I mean would she see each individual patient, would she be able to do that, or.

Code A Yeah, yeah.

DC Code A She would do, on a daily basis.

Code A Yeah she also covered the ward that I'm working on now.

DC Code A Oh right.

Code A So she would go to Daedalus ward first and then come to Dryad ward and she'd go round and see each patient and.....

DC Code A Okay and from there would review.....

Code A Yeah, I mean if we had any problems she would go round with one of the nursing staff whoever was in charge that morning and um depending on what had been handed over from night or the previous afternoon or whatever.

12.05 DC Code A Okay and who's actually responsible for prescribing the, particularly the drugs involved with particular patients.

Code A Well the doctor always prescribes the drugs.

DC Code A Okay and who would actually, who's actually responsible for administering them.

Code A The nursing staff.

DC Code A The nursing staff okay. Excuse me. I know there's, you've got health care support workers

all, auxiliary nurses.

Code A Yeah they don't give medicine.

DC Code A They don't, staff nurses.

Code A Mmm, mm.

DC Code A And each ward has a clinical manager is that right.

Code A Yeah.

DC Code A Okay. Is the clinical manager is that person a qualified nurse.

Code A Yes and experienced, very experienced qualified nurse.

DC Code A Right is that, is that equivalent to like as I understand a matron or something like that, someone who actually is in control.

Code A Yes I suppose so yes, were actually called matron.

DC Code A Right so is it just another name for, just for obviously we're trying to get.....

13.05 Code A He's the manager well in this case Mr Beed the manager of the ward at that time.

DC Code A Right and he was the manager in August 98.

Code A Yep.

DC Code A Okay. Right we've just obviously got the background here that we need. What I would like to do now is obviously we as I explained in our sort of opening introduction we're looking at the treatment of Mrs RICHARDS between the17th and 21st of August 98 which was the

second time she was admitted as I understand.

Code A Yeah.

DC Code A I wonder if you could recount your, any recollections you have of Mrs RICHARDS during that time and just to, just to further.....

Code A Um when I first knew that, it was only a few weeks ago that I first knew that there was actually an investigation cos this is August 98, I left the ward in, at the end of 98 and at that time I wasn't aware that there was a problem. Initially I couldn't recall this lady at all. Um I may have discussed it with various staff, discussed it with various staff that I'd worked with and then gradually start, yes I do vaguely remember her and vaguely remember the daughters, mainly because they for the, I think it was on the nights of 18th, 19th when I worked, they were staying at the hospital with her mum, Gladys.

DC Code A Right okay.

Code A Mrs Gladys, I think, Gladys RICHARDS. Yeah yeah.

DC Code A Right okay. Anything specific you remember about either Gladys RICHARDS or her family.

Code A Um.

14.53 DC Code A And from that I'm talking about things like conversations you had or...

Code A I spent quite a bit of time with them um with the

daughters, and when you have relatives staying they usually staying because somebody is very ill or they are actually dying and they do need a lot of support. I wouldn't say I spent any more time with them that I would with any other relative that was staying but you go in and make sure they're okay and they're coping all right, you make them cups of tea, offer them the bed or somewhere to go sleep for a couple of hours or they may want to actually sleep in the room, give them blankets, pillows, whatever.

DC Code A Okay.

Code A But um nothing unusual that I remember about them.

DC Code A Do you recall where Mrs RICHARDS was in the ward during those four days.

Code A I think she was in a single room opposite the nurses station.

DC Code A Okay right. Is there any reason you're aware of why she was there and.

Code A Um well single rooms if somebody is very poorly or dying we usually have them in a single room and if they've got relatives staying.

DC Code A Yeah.

16.04 Code A Um I don't know how long she'd been in that room. Whether she was there for the whole of the time she was on the ward I can't remember.

16.10 DC Code A Do you recall what duties you worked during

those four days, the 17th to the 21st. I'm just going....

Code A Think it was the nights of the 18th and the 19th, but I had to, but I mean I had to consult I keep all my old diaries I had a look for that you know I wouldn't have remembered off hand.

DC Code A This is a photocopy we have of the duty register for the...

Code A Yeah 18th, 19th .

DC Code A August 98. It shows you on the 18th of the night...

Code A What she died on the 21st didn't she.

DC Code A Yeah okay. Did you get involved with administering any drugs to Mrs RICHARDS during that time.

Code A Not on those nights because um looking back at the medication chart the syringe driver had been started in the morning and they decided to run over 24 hours and it would have been removed the following morning.

17.23 DC Code A Right.

Code A So I wouldn't have interfered with the medication at all unless I thought that her symptoms were not under control and as I didn't, it's not recorded that I did so I must have felt that she was comfortable. In fact I don't think she was conscious for those two nights. I wouldn't swear to that but I do, I don't seem to,

well you know I just don't recall really. I wouldn't um you know if she was comfortable on the medication she was on that was in the syringe driver then I wouldn't have interfered with it, I would have just checked it again, checked the machine, check the site where the needle was inserted under her skin, can't remember where it was, um given her what care she needed during the night.

DC Code A Okay and what sort of things would that be in terms of caring for her, not just Mrs RICHARDS but say any patient on the ward.

Code A You would change the position they get in um if necessary change clothing, change sheets, give mouth care. Um give what ever care they required, washing.

DC Code A Okay.

Code A Would have been bed bathing.

DC Code A Did the daughters get involved with doing sort of helping at all in any way.

Code A I can't recall. Some relatives do but I can't recall whether they did.

DC Code A Okay. In terms of looking after a patient and not necessarily the administering drugs but doing the stuff you said, the mouth care and sort of moving and changing clothes, is that recorded anywhere or is that usually.....

Code A Um I think I seem to remember, well I don't

remember making the entries but having looked back yes I did make entries or care given something like that or seems to be comfortable, I can't recall what my comments were but.

DC Code A I'll show you the records here.

Code A Right.

DC Code A Come to the nursing care plan. As I understand this is the one from nights.

Code A It's me. Yeah.

19.55 DC Code A And there's an entry for you on the...

Code A Yeah.

DC Code A ....on the 12th.

Code A Yeah. (inaudible) yep. We gave her a haloperidol and I think it was just that once, yes that's my signature there, 2330. It was actually written up on that date for 1800 but it wasn't given probably because it wasn't necessary but as she became so agitated it says there.

DC Code A Right.

Code A At that time then I gave it then.

DC Code A At 2330 on what date, sorry on the 12th.

Code A I think it looks like the 12th. My signature's sort of on it, yeah, because that's somebody else's signature on the next day.

DC Code A Okay. Turn over the pages, any other.

Code A That's mine as well, that's the following night.

DC Code A The 13th.

Code A At nine o'clock on the 13th I gave oramorph.

			13th which is there, that one there.
21.10	DC	Code A	13th of August at 20.....
		Code A	Ah I've got 2050 there and it's 2100, ten to nine, nine o'clock, and I've got for x ray tomorrow which would have been handed over to me because I think it was on the afternoon of the 13th they thought she may have damaged her hip and they decided they would do an x ray the next morning.
	DC	Code A	Right.
		Code A	Okay.
	DC	Code A	Okay do you recall anything about that...
		Code A	I mean obviously I wrote it because those are my signatures but I can't actually I mean I write so many things.
	DC	Code A	Okay, I mean was there any.....
		Code A	Just at times I can't remember everything I wrote.
	DC	Code A	Where you aware of any problems the daughters had at that time with.
		Code A	Well I don't think, I didn't met the daughters there, I met them here.
	DC	Code A	You met them on the....
		Code A	I came on duty to find that, to be told that they were staying the night.
	DC	Code A	Right so.
		Code A	And they stayed the following night as well yeah.

DC Code A So from what you're saying when was the first time you actually met the daughters. On what date.

22.19 Code A I believe it would have been on the 18th.

DC Code A On the 18th.

Code A Yeah.

DC Code A Okay. Are you able to, and I appreciate what you've said about your recollections of Mrs RICHARDS. Are you able to comment though on whether her condition was different from the first time you were on duty you know....

Code A Mmm.

DC Code A The first time she was in, between the 11th and the 14th of August and the times you saw her on the 18th and the 19th.

Code A Well I mean if if I gave her haloperidol on the 12th because she was agitated, shouting, crying, so she was obviously very different to what she was you know the fact that she had, she was now on a syringe driver which I have here, um her condition had deteriorated and as, as I say I can't quite remember whether she was conscious at that stage.

23.18 DC Code A That's on the 18th.

Code A But I was obviously happier with those two nights that she was comfortable.

DC Code A Yeah.

Code A I've got a feeling she wasn't conscious but I

can't swear to it.

DC Code A Okay.

Code A Not rousable anyway. Um the fact that I didn't um change any of her medication I obviously didn't feel I needed to, she must have been comfortable and controlled.

DC Code A Right. Okay, you say you think she might have been unconscious, I mean that's not, how sure of you are, are you of that.

Code A I'm pretty certain that she was probably not conscious.

DC Code A And the next question is are you aware of, of, or are there any particular reasons why she wasn't conscious that you're aware of.

Code A Well I can only assume, I mean in the week between you now my looking after her here and here, that she had deteriorated and that her pain had not been able to be controlled with oral medication, oramorph, or her agitation. I mean the decisions, you know, about the syringe driver were made between then and then.

24.41 DC Code A Are you able to say during the latter entries on the 18th when you came on duty that looking at your notes there and looking at the drugs prescribed whether that is a course of treatment that would be given as you mention much for terminal care.

Code A Um, I mean it's not, they're not all, syringe

drivers are not used for, just for terminal care, they're to control the symptoms and it doesn't necessarily mean that person's going to die because they're on a syringe driver, I think a lot of people you know relatives get a bit upset when they think, you know when you mention things like syringe drivers and morphine and they think oh no this is the end. It doesn't necessarily mean that at all. You know, there's some people that have their symptoms controlled via a syringe driver, they don't necessarily die but given that this la, lady had had this traumatic experience with the broken hip and the surgery and her age and other medical condition.

DC Code A Seeing that we're onto the syringe driver I wonder if you could explain to us how it works.

25.53 Code A It's um a little pump um run by a battery and um the ones we use on the ward we usually a 24 hour syringe drivers, you draw up medication in a syringe a 24 hour amount and the um the rate that you want the um medication delivered is set.....

DC Code A Right.

Code A .....on the machine and and it gives a fairly level of um drug in in the blood over you know over an hour, so much is delivered over an hour um it's a continuous infusion and um the

		medication is um you don't get sort of peaks and troughs with with the effect, it's just a continuous amount and it's it's excellent....
	DC Code A	Okay.
	Code A	.....for, for, you know once you get levels right of the different drugs.
	DC Code A	Yeah.
	Code A	To control the symptoms it's an excellent way of giving medication.
	DC Code A	And how is that administered in, in, obviously with a needle but is it.....
	Code A	Yeah there's there's a needle, a line and a needle.....
27.05	DC Code A	And I understand that's...
	Code A	And the needle is inserted under the skin.
	DC Code A	Under the skin.
	Code A	A subcutaneous infusion.
	DC Code A	Okay. Can we just go over the drugs that were loaded onto the syringe driver and as I say I accept that, I'll show you which I mean, bit clearer, I accept that you didn't actually administer these in any way but as I understand it it was four drugs that were loaded onto the driver.
	Code A	Mmm, mm.
	DC Code A	Initially three, but the hyoscine was I think was put on a day later.
	Code A	Yeah.

DC Code A But the four were hyoscine....

Code A Midazolam....

DC Code A Midazolam, haloperidol and diamorphine.

Code A Hmm, mm.

DC Code A Could you just go through each drug and explain exactly what it's purpose is.

Code A Right diamorphine is um to control severe, moderate to severe pain. Um the dose written up there is 42, 200 milligrams and when you start a syringe driver you'll start on the lowest amount and um see how that, what sort of effect that has.

28.10 DC Code A Right.

Code A And looking at that there she stayed on 40 milligrams which means that her pain must have been controlled there was no need to increase it. Um the haloperidol she was having that orally before she came into the War Memorial um to control, it's used to control all kinds of things with schizophrenia, acute agitation, anxiety, distressed um so that would keep her nice and calm. Um it does allow that has a similar effect um again she's she remained on the lowest dose....

DC Code A What....

Code A .....she was comfortable on that, 22, 80 milligrams that says and she was on the 20 so there was no need to increase that. That kept her

quite comfortable then the hyosine has an anti-emetic, anti-sickness effect, it has um er anti-spasmodic effect.....

DC Code A Right.

Code A .....which would also reduce pain and also um dries up secretions. Um people that are very poorly and not conscious can have a lot of upper respiratory tract um secretions which they can't deal with can't swallow properly.

29.35 DC Code A Right.

Code A It just helps dry them up so that their breathing is more comfortable.

DC Code A Okay. What form do these take, are they liquid or powder.

Code A They're all liquid if you're going to use them in a syringe for for purposes of a syringe driver the um the diamorphine comes in a powder.

DC Code A Right.

Code A And you make that up with um water for injection.

DC Code A Right.

Code A And the haloperidol I think that's a liquid, yeah I mean you can get tablets you can get liquid to take orally and you can make it up so it's in solution.....

DC Code A Right.

Code A .....in the syringe driver. Midazolam's um in solution and the hyoscine.

	DC Code A	Okay so the....
	Code A	They're all drawn up and mixed with a little bit of water for injection.
	DC Code A	Oh right, just to, just to.....
	Code A	Just to.....
	DC Code A	.....dilute.
30.24	Code A	.....with 10 mil syringe we use we usually make it up to about 10 mils.
	DC Code A	Right oh okay, okay so it's.....
	Code A	If it needs making up we use water (inaudible).
	DC Code A	Trying to get our heads round this cos it's all in milligrams.....
	Code A	Yeah.
	DC Code A	.....but it's in a 10 mil.....
	Code A	In a 10 mil syringe so you'll have so many milligrams of various medications in solutions in 10 mils, we make up to 10 mils so that we can.....
	DC Code A	So the rest is...
	Code A	.....judge the rate um you know it's just easier to work out.
	DC Code A	...so it's diluted with water?
30.51	Code A	Yeah, yes may be only a little bit but um just sterile water.
	DC Code A	Right okay. Thanks for that. Now the oramorph as I understand is a liquid form of.....
	Code A	Yes that's, that's got morphine in it.
	DC Code A	.....of diamorphine. And the lactulose?

	Code A	That's er to help with bowels.
	DC Code A	Right. Okay. Now in all of these it seems to have a sort of a scale.
	Code A	Mmm.
	DC Code A	Diamorphine 40 to 200 milligrams. Haloperidol 5 to 10 and Midazolam.....
	Code A	20 to 80.....
	DC Code A	80 and they hyoscine.
	Code A	200 micrograms.
	DC Code A	Micrograms.
	Code A	To 800 micrograms.
	DC Code A	How does that work, I mean obviously there is a scale there so how would that be put into place if it was thought necessary to increase the dose.
	Code A	Well if if if the patient was having 40 milligrams which is the lowest dose prescribed and they're obviously not controlled they're still in pain with that you would obviously have to assess over a number of hours, um, you would then consider increasing that.
32.07	DC Code A	Okay, who set those parameters.
	Code A	That's what Doctor BARTON would have written. I think that's Doctor BARTON's signature or whoever the doctor was, who prescribed it would would, because we don't have a doctor on, you know, in the hospital all the time she would decide what what um I mean you wouldn't come along and stick 200 in the

		syringe driver straight off.
	DC Code A	No.
	Code A	You'd always start on the lower dose and then work up.
	DC Code A	Work up.
	Code A	Depending on how effective it was.
	DC Code A	On each time for another patient if if the need rose to increase the quantity or the amount and it's within those parameters do you necessarily have to speak with a doctor before you do that or does that give you as a.....
32.53	Code A	I think that if.....
	DC Code A	.....general nurse.....
	Code A	No we're um, you never do it by yourself you, there's always two stra..two trained nurses that check all the medications and you might discuss you know I don't think this patient is is comfortable on this amount I think we need to give her a bit more and what you think and.
	DC Code A	So there's but I mean you don't have to go back to Doctor BARTON.
	Code A	No not necessarily no.
	DC Code A	Okay if it's within those.
	Code A	She's happy for us to you know if the patient is not comfortable. I mean if if if, it's unlikely somebody wouldn't be okay but this is just an example say we wanted to give any more than that or we felt you know we wanted to go

outside those parameters then we wouldn't be able to until we can talk to a doctor or got a doctor to come in to prescribe more.

DC Code A Okay.

Code A Yeah. With something like diamorphine you would I mean you would never take a verbal message (inaudible) the doctor would actually have to come in and.....

DC Code A Write it up again.

Code A Write it up again.

33.50 DC Code A On the amounts that have actually been administered what sort of what's the sort of level that has been given to Mrs RICHARDS there.

Code A Well she seems to, on with the syringe driver she seems to have coped or have been comfortable on the lowest amounts that were prescribed.

DC Code A Right okay. And in in the general scheme of things in terms of if you can sort of say there's an average patient somewhere, is that at the higher end or the lower end of the scale in terms of the amount given.

Code A Um well, that seems about what I would expect. A younger person you would expect them to need a higher amounts but an elderly person the amount of most drugs is reduced.

DC Code A Oh right. Okay.

	Code A	You don't you don't need that amount, not with all drugs but with a great many drugs.
34.50	DC Code A	Why's that.
	Code A	Um just because they're old and I mean the liver is mainly responsible for um what's the word for dealing with things, well drugs which are not normal to the body and it's just the effect is enhanced in elderly people, you know if you give, if you gave me 40 milligrams of diamorph um it wouldn't be as effective for the pain I had in a similar pain in an elderly person.
	DC Code A	Right.
	Code A	They might need less or, depending on the severity of the pain but.
	DC Code A	In terms of those four drugs then are you aware of any possible side effects with the combination or any on their own that.....
	Code A	Er.
	DC Code A	.....may have possible side effects.
	Code A	You're more likely to get side effects with oral diamorphine. Um as a side effect of morphine in general is is nausea, vomiting, constipation, in large doses respiratory depression.
	DC Code A	Oh right.
	Code A	Um but you can combat most of those with these other drugs you know this has got an anti-sickness effect um and then you can take you know if you're on regular mor, morphine say

you're having tablets, morphine tablets and you're very constipated and you will be given things to cope with that other medication to alleviate that.

DC Code A Okay.

Code A But um.

36.29 DC Code A Any side effects with the others that you're aware of.....

Code A Um.

DC Code A .....on their own or linked together.

Code A Well I mean if you look at the side effects in the book they list loads and loads of different things.

DC Code A Right.

Code A The lists are huge of dia...but that's not necessarily what you experience one patient might experience one thing somebody some, I mean certainly this lady didn't seem to have any side effects from these drugs that she was given.

DC Code A Okay. And the other thing is in terms of, do they need to be licensed for subcutaneous use an individual drug or whatever.

Code A Um there are guidelines they're they're um if you read um, this is a controlled drug the morphine obviously.

DC Code A Yeah.

37.20 Code A The other drugs, there are some drugs that you can put in a syringe driver and some you can't

and there's a list of drugs that you can and can't use.

DC Code A Right, okay and is that because they're not licensed to.

Code A They're just, either they're not um they're not suitable I mean they're you could give some drugs which would cause irritation or you know either to the skin or to the blood vessels and they're just not some drugs are not suitable for that um way of administering them.

DC Code A Okay that's great, thanks for that.

DC Code A Can I just ask a question in relation to the drugs. I asked you before whether the course of treatment that this particular lady was on was (inaudible) terminal care which you mentioned at the beginning of the interview and we have talked about the administration and the levels of drugs. Is is palliative care a set of treatment which is given by a doctor where these sort type of drugs they've been reduced gradually to see how the patient's coping and hopefully to the state they'll be taken off a particular drug.

38.24 Code A Um well yes I mean it depends on the type of patient you've got and whether the symptoms that they've got are ever going to go away if you think that that symptoms have got a short term then you might give a drug and then see how they could do without at a later stage.

DC Code A Yeah but I mean I.....

Code A The underlying, the underlying cause of of you know something that's not going to disappear the illness or the condition is not going to disappear and then your main concern is just to control the symptoms and keep somebody comfortable.

DC Code A In relation to the diamorphine how is anybody going to find out whether the the reason for the pain has gone for whatever whatever the cause of the pain is unless the amount of that drug is reduced to find out whether she still is in pain. Does that make sense.

Code A Yeah well I mean you would try oral medication first of all and you would say give regular morphine orally and if that wasn't controlling the pain you would then consider this way of, the syringe driver may be.

DC Code A Syringe driver.

39.33 Code A Or injections although injections give you a peak and a trough and it's just much better way of giving. Yes I suppose with some patients you would, you might think well you know this this problem has now gone away this medical problem, I'm not relating this to Gladys RICHARDS to any patient, this problem has now gone away shall we see if this patient can you know have less of this particular drug.

DC Code A I understand that you weren't responsible for the decisions or anything regarding Gladys RICHARDS but is it fair to say that looking at the drugs here that no consideration was given due to the fact that the drugs weren't reduced, i.e. the pain killer, to see whether the reason or the cause of the pain had gone away.

Code A She'd um, from what I remember reading she had actually, did she have a second actually or er, they decided I think on the second occasion when she was in a great deal of pain there was nothing actually there, the first time she she'd dislocated the hip didn't she, she went back to Haslar and had that relocated and I think the following week there was cause for concern that she may have hurt that hip again but I believe from what I can remember reading that there was nothing actually seen that would warrant her having to go back I mean if there had been another dislocation she would have had to go back to Haslar and have it relocated but um.

41.09 DC Code A She was obviously in pain and that's obviously the reason why she was put on the diamorphine.

Code A Yeah.

DC Code A But if if, hypothetically a patient comes in and they're in severe pain because of a problem with a hip who say somebody's 30 and not 91.

Code A Mmm.

DC Code A Would the pain relief given to that patient be gradually reduced.....

Code A Yeah well.....

DC Code A ....as the cause of the pain....

Code A .....I've got tons of patients that have had um pain relief reduced. I mean on the ward I work now we have orthopaedic patients, patients that have had hip replacements and they've come in may be on quite a high dose of medication and once they're sort of up and had some physio and seem to be doing quite well then you start reducing medication to see how but I mean this lady is different I mean she was she was, she was very poorly and very frail when she came in.

42.06 DC Code A You describe her as very poorly I wonder if you could if you're able to sort of go over what sort of problems she did have.

Code A Well from what I read I mean I, as I say I don't remember her a lot but I've read about her she was in a nursing home wasn't she before she went into Haslar and she was suffering from dementia, um she was in her nineties, she was a quite frail lady and she had the fall at the home so she was prone to falls as well um and to fracture your hip in your nineties is, you know, a traumatic thing to do, even though you may surgically repair it some people just don't get

over something like that.

DC Code A Right okay.

DC Code A So it's not just the fracture itself, it's the surgery.

Code A It's the it's the everything and the fact that she was, I mean dementia itself is um I mean it's an illness it's progressive and if somebody just has dementia eventually dementia will kill somebody I mean it's just an on-going thing, you can't really say how quickly but um.

43.22 DC Code A Were you under the impression on the two nights you were with her that she was dying.

Code A I think on those two nights, the 18th, the 19th yes I would have been.

DC Code A Okay what would have led you to that conclusion or belief.

Code A As I say I can't remember whether she was actually conscious. I think having seen the deterioration over the, you know from working the 12th and the 13th of August and then how how she was on the 18th, 19th, you just, you just know, you think well this lady is not going to recover she's just, she's dying.

DC Code A So you can put that down to experience I take it.

Code A Yes just, I think so, there are some people that do surprise you and some people that do live longer than you expect them to, you know I've called relatives in who want to be with their

loved ones when they die. I've called them in thinking that they may only live a few hours and they go on for a lot longer so it's very difficult to put a time limit and you so often get asked by people well how much longer is it going to be but you just can't say.

44.40 DC Code A You can't say but you're basing your experience....

Code A Yeah but you can get your own, you know you can get feelings about and nine times out of ten you'll be right but there will be a patient that will surprise you sometimes.

DC Code A But basing your experience and her appearance which was described as.....

Code A Yeah I think.....

DC Code A .....poorly and frail.

Code A I think I probably knew that she was not going to recover.

45.02 DC Code A Right that buzzer means that we've got about probably 30 seconds left on the tape. So I'm going to stop the tape just to change over it. The time by my watch is eleven fifty seven, I'm turning the recorder off.

Interview concluded at 1157 hours.