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RECORD OF INTERVIEW

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(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: BEED, PHILIP JAMES

Place of interview: FAREHAM POLICE STATION

Date of interview: 24/07/2000

Time commenced: 1458 Time concluded: 1541

Duration of interview: Tape reference nos. (◆)

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

Other persons present: Mr GRAHAM - Solicitor Saulet & Co

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
0.09	DS Code A	This is a continuation of our interview with Phillip BEED and the time by my watch is 1458 hours. Same persons present. I'm glad to announce that we've found the missing duty roster. And the question was Phillip on the 12th of August.

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BEED	Yeah.
DS Code A	Can you go through your duties and Gladys' notes.
BEED	I was on duty from seven thirty till one o'clock on Wednesday the 12th, Mrs RICHARDS would have been reviewed along with all the other patients that morning and at that point um Doctor BARTON's actually written up, because we needed to give the analgesia through the night she's actually written it up on a er a regular er four hourly basis with 2.5 mils through the day and 5 mils at night. Although and it, but that's written up PRN so we don't give it unless we need to and in fact.....
DS Code A	Sorry what does PRN stand for.
BEED	Means as and when required, um, in fact we've never, we've, all we've done, other than the dose at six fifteen in the morning on the 12th we've not actually needed to give any more out during that day so although it's been written up regularly, er PRN, we haven't given it. Um.....
DS Code A	This is Oramorph?
BEED	Yeah the Oramorph.
DS Code A	So it's safe to say that that the Oramorph has had the desired effect and her condition perhaps has stabilised and she isn't presenting in pain.
BEED	No.
DS Code A	On the 12th.
BEED	Yeah.
DS Code A	Right.

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	BEED	Yeah. Um I can't remember any other specific aspects of um Mrs RICHARDS' care um during that day, um and I probably wouldn't have been greatly involved because my um biggest priority on that particular day was making sure the ward was staffed adequately the next day because I knew it was going to be a very busy shift, um, so that, that would have been the major priority for me as Manager of the ward.
2.28	DS Code A	Ah ha, and indeed she's, she's stabilising.....
	BEED	Yeah.
	DS Code A	So she's.......
	BEED	Yeah.
	DS Code A	.......so she's not a problem.
	BEED	No.
	DS Code A	Okay. Do, is there anything else in the notes for the rest of the twelth that, that perhaps with hindsight alerts you to something being amiss. (fire bell starts ringing). I hope that's a test.
	BEED	No nothing in particular, everything was very fairly straight forward on that day.
	DS Code A	Okay and then the 13th I understand that she has a fall.
	BEED	Yeah.
	DS Code A	And do you know much about the circumstances of that.
	BEED	I, I do but, but from coming on duty the following day when um staff involved sort of filled me in the

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		background................
	DS Code A	Right.
	BEED	...........of everything that happened.
	DS Code A	Because you weren't on duty on that certain day.
	BEED	I wasn't on duty on that day.
	DS Code A	Okay, by making reference to the drugs.......
	BEED	Yeah, yeah.
	DS Code A	......that were used on that day, what can you tell me about, you're off on the 13th.....
	BEED	Yeah.
	DS Code A	.......what drug regime.
	BEED	Um, was given er her normal regular drugs and at ten to nine in the evening er of the 13th er she was given some more Oramorph, that was after the hip had been dislocated so she didn't have any more Oramorph or other pain killers up until the point in which it was discovered that she had a dislocated hip.
	DS Code A	What time would she have had that fall, do you.......
4.06	BEED	The fall took place about one thirty um the nurse who examined her at that time didn't find anything abnormal um and a dislocated hip is fairly obvious so um going on the information I had the hip wasn't dislocated immediately after the fall, um, but once Mrs RICHARDS was helped into bed after she'd had her supper which was some time around eight, um, seven thirty, eight o'clock, that

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	evening, um the hip was out of position and was obviously dislocated at that time.
DS Code A	So, do you suggest that the dislocation could have occurred at some other time rather than the fall.
BEED	Um, it's obviously occurred sometime during the afternoon. Um, it may have been, I mean the fall may have weakened the, the joint or whatever and then the act of transferring, hoisting her out of the chair back into bed or some other action may have actually made the dislocation happen.
DS Code A	I think it would be quite unfair of me to go on about that because...........
BEED	Yeah.
DS Code A	.......you weren't there, you weren't on duty and can't therefore be.........
BEED	No.
DS Code A	.......responsible for that. In your experience is it unusual for someone not to be given pain relief over that period.
BEED	Um not really because we would give pain relief if someone was in pain and if someone wasn't in pain we wouldn't give it, um, so it really depends and, and people's responses and, and pain does vary from time to time depending on what's happening, what we're doing in the way of transferring them and how they are overall, so um, but she needed analgesia and then once she said that she didn't need it doesn't, doesn't surprise,

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		it's not an unusual pattern.
	DS Code A	Okay. No I except that. What's your next contact with Gladys RICHARDS.
5.49	BEED	Er that was on the morning of the 14th when I was on duty from seven thirty until four fifteen um and then I came on duty to find, um to be, um given all the background to the, about the fall the previous day and the fact that it was suspected that she had a dislocation, um so I went and examined the patient with Doctor BARTON who was there about that, about that time um and then arranged for x-ray and talked to daughters, Mrs LACK, the daughter and discussed what we were going to do um to see if there was a dislocation and what we would then do if um we did find the dislocation which we were fairly certain at that time had occurred.
	DS Code A	What does it look like a dislocation.
	BEED	Um.
	DS Code A	Can you tell.
	BEED	Usually the leg um rotates inwards and you can see that the hip doesn't look correct, so if you look at one side and look at the other you can see a very obvious difference and deformity.
	DS Code A	Right, so it's a fairly visual diagnosis but with experience you can say well (inaudible).
	BEED	Yeah, yeah.
	DS Code A	When did you know there was a dislocation.

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	BEED	We knew for certain once the x-ray had been taken place because then we could see it on x-ray.
	DS Code A	Right, and that was done, during the day.
	BEED	That was done sometime around mid morning.
7.07	DS Code A	Okay, what drug regime was she on in the morning.
	BEED	Um still the same, um, um in fact she'd been given some analgesia at ten to eight the previous night which she hadn't, she hadn't needed any that morning. As I say we gave her some um gave her some Oramorph at eleven fifty and that's after the dislocation had been um discovered, er or x-rayed and, and confirmed.
	DS Code A	What do the notes reflect that she's in pain then or...
	BEED	Um well, reason we gave um Oramorph at that point in time is because we knew that a dislocation does cause some degree of pain. We were going to transfer her to Haslar which would involve transfer um to an ambulance and in and out of the ambulance and would cause pain and also that she would need pain relief and sedation for the hip to be relocated so we were starting the sedation process there so if they want, if they were in a position to put the hip back in fairly quickly when she got to Haslar then she would actually already have had analges, some analgesia to cover that process.

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	DS Code A	Right and you did say that earlier, and what dose was, was that the same dose or had we increased the dose.
	BEED	Um, we gave, no we gave 10 milligrams which is the same dose as she's been having throughout.
	DS Code A	Okay and then she's off to.......
	BEED	Transferred to Haslar er with one of my health care support workers escorting her and staying with her.
	DS Code A	Was there much of a problem with the family at this time.
	BEED	Um, daughter was obviously anxious and upset but probably no more or no less than I would expect of someone whose mother has come to us and then has suffered a dislocation of a recently operated on hip (inaudible) except that someone in that situation is going to have a degree of anger and upset at the situation.
	DS Code A	Okay. So she's off to Haslar and then you've no contact with her at all for 2, 3 days.
	BEED	I, I saw the daughter later on that afternoon when she came back to collect um some wash gear for her mother, because we did think her mother might come back the same day or might stay a while at Haslar, um so her daughter had come back and collected some wash gear um and spoke to me at that time.
9.28	DS Code A	Okay, so the next contact we have with Mrs

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		RICHARDS is on the 17th.
	BEED	On the, yeah.
	DS Code A	Now, this is where the letter from Mr EDMONDSON comes in isn't it. The, and we've disclosed that to you the other day. The Flight Lieutenant.
	Mr Code A	I've got it..
	BEED	Yeah.
	Mr GRAHAM	(inaudible).
	BEED	No there would have been two because there would have been initial transfer letter and then another one from......
	Mr GRAHAM	Tenth August.
	DS Code A	Of EDMONDSON and there was a statement of EDMONDSON which was put along with it.
	Mr GRAHAM	(inaudible).
	DS Code A	Can I ask you to have a look at Mr EDMONDSON's statement.
	BEED	Yeah.
	DS Code A	If I summarise it.
	BEED	Yeah.
10.16	DS Code A	Just quickly.
	BEED	Yeah.
	DS Code A	It says that she came to us, she got fixed up , stabilised and then was able to go back.
	BEED	Yeah.
	DS Code A	And she was ready for further rehabilitation. Just take a couple minutes to have a read of that.

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	DS Code A	Have you got that accompanying letter.
	Mr GRAHAM	Which one.
	DS Code A	From EDMONDSON....................That's the one.
	BEED	Yeah.
	DS Code A	It is in there is it.
	BEED	Yeah it's in here. Yeah.
	DS Code A	Yeah.......(inaudible).
11.53	DS Code A	Can I refer you to the letter.
	BEED	Yeah.
	DS Code A	And I guess that accompanies Mrs RICHARDS, it's dated the 17th.....
	BEED	Yeah.
12.03	DS Code A	.......so I guess it came back with her.
	BEED	Yeah. Yeah.
	DS Code A	If you have a quick read through that.
	BEED	Yeah.
	DS Code A	Right and what's particularly pertinent perhaps is the very last sentence which was she can however mobilise, fully weight bearing. What, what do you infer by that.
	BEED	Um that she, that she can um stand, we know or already knew she would need assistance with standing, so she would need nurses to help her but she can take her full weight on, that, on the effected leg.
	DS Code A	Right okay so her readmission to Haslar has been an unqualified success then.
	BEED	Well, that, that says that she can transfer um from

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		a, from a medical point of view so if we wish to stand her and take weight on that leg then she can, it doesn't necessarily say that she's going to be able to do that and you would need to assess that with the patient initially and they um, but it would indicate that they felt she was able to transfer and stand.
13.23	DS Code A	So at worse there's a significant improvement in her overall, well certainly in the leg.
	BEED	The hip is back in place yeah, yeah.
	DS Code A	The dementia is something with which I've got no idea but.....
	BEED	Yeah, yeah but that's not going to change that's going um be the same throughout.
	DS Code A	So although not fully fit she's perhaps improved significantly in the couple of days she's been away.
	BEED	Yeah.
	DS Code A	Right were you on duty on the morning of the 17th.
	BEED	I was on duty from twelve fifteen on the 17th.
	DS Code A	Right and what can you tell me about the events of the 17th.
	BEED	Er that I would have arrived a little bit before then, before twelve fifteen and Mrs RICHARDS had either just arrived or arrived a little while after I got there um but the nurses actually who had been on duty that morning er would have received her and taken care of putting her into a room which

		had already been made ready for her. Um that she was in pain and discomfort, very obvious pain and discomfort when she arrived um that actually settled down when she was seen by the doctor but then re, made itself apparent again not long after Doctor BARTON had gone um in distress and discomfort and the daughters arrived and could see her in discomfort and they were getting very anxious and uptight, as well, and wanted something done.
14.54	DS Code A	Now there are some issues around that transfer which I'm not really fully au fait with, and I don't, something to do with the stretcher, a sheet.....
	BEED	Yeah.
	DS Code A	.......what is a street. Can you just explain to the, to the uninitiated.......
	BEED	Yeah.
	DS Code A	........exactly what went on.
	BEED	Usual, usually if some one comes on a stretcher they'll be on what we call a canvas, which is a er, which literally is a length of canvas with holes up either side and you can slide poles into those holes and it then becomes a stretcher which you can lift from the stretcher, one person either end...........
	DS Code A	Yeah.
15.26	BEED	......over onto the bed so the patient comes up nice and easily, and over um Mrs RICHARDS came to us on a sheet instead of a canvas and I'm given to

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		understand that they couldn't find a canvas and that they'd phoned to say sorry she's not on a canvas um and therefore the ambulance crew when they arrived picked her up on the sheet which doesn't give the same level of support because they're just sort of grabbing the sheet which is going to sag and be uncomfortable and transfer you in that way.
	DS Code A	So it's a sheet before it has the poles inside.......
	BEED	Yeah.
	DS Code A	.......and then it's a canvas.
	Mr GRAHAM	No.
	BEED	No. No it's.......
	DS Code A	I still haven't got.......
	BEED	If it's, if it's a, when someone's on a canvas it's actually a very thick canvas material.......
	DS Code A	Right.
	BEED	.......length of the patient, um and it just curls back on itself either end.
16.14	DS Code A	Yeah.
	BEED	And then you can slip a pole up there and it's very, and then when you lift it it's very firm and rigid and it makes a temporary stretcher.
	DS Code A	Yeah.
	BEED	But she was just on a ordinary bed sheet underneath her and that was just rolled up and lifted and that wouldn't have provided the same sort of support because it would have sagged in

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		the middle and sagged (inaudible).
	DS Code A	Is that an improved way to transfer a patient.
	BEED	Um, I would always try, if I'm transferring a patient on a bed I would transfer them on a canvas, um if a patient arrived, now I wasn't actually involved when the patient arrived and the transfer on the bed but if they arrived and they weren't on the canvas then I would have to decide do I now put a patient, a canvas under the patient's bed mind they've already been moved and that's going to involve quite a disruption to get that under them um or do I transfer them as they are and I would much rather, I, really patients should always be transferred on a canvas.
17.14	DS Code A	It just seems ridiculous that for someone who's had this hip operation is going to be.......
	BEED	Yeah.
	DS Code A	......lifted up.
	BEED	I think the other difficulty is the ambulance crews are always, always under pressure to get on and do the next job because they've got a backlog and I gather from talking to people that they were in rather a rush and weren't going to wait while we found a canvas but I don't know that anyone specifically stood there and said you must wait um while we get a canvas to do this.
	DC Code A	If that was the case, you must wait, are they duty bound to remain.

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BEED	It really depends who's involved, um, if it's one of my more junior staff they may not be enough sort of, you know, may be more difficult I mean they're not there, there a set, a team in their own right and if it was me as the nurse in charge I would have made it, if I'd wanted him to do that I would have made it very clear to them that I wanted to do that but it, I wasn't there so I......
DS Code A	Yeah sure.
BEED	.........but if they're transferring the patient it is their responsibility really up until the point when the patient is on the bed, as it is, if they, if they're, if I'm transferring a patient it's my responsibility to look after that patient up until the moment that the ambulance crew take over so, it's absolutely, it's still their responsibility at that point in time.
DS Code A	Okay thanks for that. Was Doctor BARTON called out to readmit.
BEED	Yeah, um (looking at some papers) I can't, what, what I can't remember, there was so many things going on at that point in time is exactly when Doctor arrived, when Doctor BARTON arrived but I think Doctor BARTON saw her soon after arrival er and clerked her in but she then became very unsettled and obviously in pain not soon after Doctor BARTON had lift.
DS Code A	So initially, uncomfortable.
BEED	Yeah.

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	DS Code A	Was she given pain relief because of her transfer.
	BEED	Um, I gave, I gave pain relief at one o'clock er which is when um the daughters came and when she really started to demonstrate the signs of being in pain.
20.02	DS Code A	So Doctor BARTON had been before that.
	BEED	Yeah, yeah.
	DS Code A	Because.......
	BEED	Yeah.
	DS Code A	Had she written another prescription at that point.
	BEED	Um no as we still had the existing prescription so we used, that would have......
	DS Code A	How long's a prescription valid for.
	BEED	Um it needs to be um reviewed, reviewed regularly um, I'm, what the time limit is I don't know but I mean that would be well within it. If someone's written up for Oramorph that would be, be and remains on the ward or goes off a few days and comes back, be valid for a good number of weeks but needs to be reviewed during that period.
	DS Code A	Ah ha. Okay she's in pain but she's able to take Oramorph.
	BEED	Yeah.
	DS Code A	So her swallow reflex is still there.
	BEED	Yeah.
	DS Code A	And up and running.
	BEED	Yeah. She was refusing to eat lunch at that point in time um but she was swallowing.

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	DS Code A	Right is that significant do you think.
	BEED	May have been because she was in pain and unsettled or it may have been just her general dementia and overall condition so you know it was just one of the things that we noted at that point in time that some food was prepared for her but she refused to eat it.
	DS Code A	Okay. Right. How did she progress throughout the rest of the, the 17th.
	BEED	Arranged an x-ray because the family was worried that the hip was dislocated although it didn't appear to be um and that took place.....
	DS Code A	Didn't one of your nurses, have I read somewhere that the, the leg looked like it was a figure four.
	BEED	The, yeah, one of the, Staff Nurse COUCHMAN actually went in with the daughter and actually repositioned the leg because she thought it wasn't in er a very comfortable position but it wasn't in a position that looked like it was dislocated, um, so she made Mrs RICHARDS in a comfortable and appropriate position um and with her daughter, um, and generally examined her to check, because if she'd spotted an obvious dislocation at that time again we would have um, it's definitely x-rayed, it definitely needs x-raying.
22.14	DS Code A	Yeah.
	BEED	But it looked in an odd position but not in a dislocated position.

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DS Code A	Right.
BEED	Er. So really (inaudible) that afternoon was to give analgesia to try and make Mrs RICHARDS comfortable and to get her x-rayed to try and find out if it had dislocated again, um, or if it hadn't to find out if it was anything else we could do anything particular about.
DS Code A	Okay. So what's the drug regime for the rest of the 17th.
BEED	Um we carried on, we actually um, because we thought there was a sensitivity to the Oramorph we were giving a slightly lower dose so we were giving 5 milligrams, we gave that at one o'clock, we gave it attain at ten to seven, er sorry, gave it again, I can't read my own writing, looks, I think it was about quarter past three and then but that wasn't, that obviously wasn't enough, so I gave a higher, a second dose of 5 milligrams at quarter to five and then we went back to giving the 10 milligram dose at eight thirty and then she had some in the early hours of the morning.
DS Code A	Are the family happy at this point that she's in pain as opposed to dementia.
BEED	Yeah, yeah, I had specific discussions with the daughter and Mrs LACK in particular was very concerned about how much pain um her mum was in and that we need to get that pain under control so I was working very much in conjunction with

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	the family to um try and provide um what, the sort of care that they wanted for their mum.
DS Code A	So at this particular moment in time on the 17th you're all singing off the same hymn sheet.
BEED	Yeah, yeah.....
DS Code A	Everyone's quite happy with what's happening.
BEED	Yeah, um and that, that's one of the reasons I gave the second dose and I, I distinctly remember looking very carefully at how much can I give and when and what, and looking at the option of the syringe driver at that time should I need to proceed to it and saying to um Mrs RICHARDS' daughter that I wanted her mum to be comfortable before I went off duty that evening.
DS Code A	Was there a consideration to the use of a syringe driver then.
BEED	It would have been one of the options could we not control the pain with the Oramorph.
DS Code A	Right, how, how high, or how far along that ladder were you prepared to go on Oramorph.
BEED	Because you're giving, because you're giving quite high doses and it's wearing off um the difficulty is you, you can't just give Oramorph and then say it hasn't worked you need to give it time to build up and I needed to give a second dose so, I think had I, had I gone for that um second dose which topped the Oramorph up to 10 milligrams at quarter to five, had she not been comfortable by

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the time I went off at eight thirty I would have, at that point been looking whether the use of a syringe driver was the next appropriate step because obviously if I'd gone to the full amount of Oramorph and that hadn't kept Mrs RICHARDS comfortable then the next logical step was whether a syringe driver would allow me to give um a more dose and a slightly stronger dose of pain killer.

25.28	DS Code A	Right and what's your objective behind that.
	BEED	In going to a syringe driver.
	DS Code A	Yeah.
	BEED	To keep Mrs RICHARDS pain free.
	DS Code A	Purely pain free and that.....
	BEED	Yeah, yeah. Yeah.
	DS Code A	Okay thanks for that. And then what happens next.
	BEED	Um, she was cared for over night. I came, um, I was on duty again the following morning, the 18th when she's reviewed by er Doctor BARTON.
	DS Code A	Had anything significant happened over night.
	BEED	Um she had another dose at, of Oramorph, I gave a dose at eight thirty, she needed another dose at twelve thirty which is, so she's only going 4 hours and another dose at four thirty, so she's going only the 4 hours between doses of Oramorph, um, so that's, we're giving the maximum amount we can, um, if I find the night (inaudible) records that might tell us how she was over

		night..................haven't got a specific record but I would have got handover from the night staff and obviously they would have told me that um they needed to give the Oramorph um every 4 hours and um that she hadn't been comfort, completely comfortable on that.
27.12	DS Code A	The reasons for those being omitted from, from the record sheet is that an oversight or is..........
	BEED	An over, yeah.
	DS Code A	Yeah, and nothing, nothing else.
	BEED	No.
	DS Code A	Just straight up oversight. What other drugs had she taken....
	BEED	Um.
	DS Code A	..........at the same time.
	BEED	That's on the um on the 18th, she actually hadn't, we've left off the Lactalose um, but she's had, she's having, no she did have Lactalose on the 17th and she had Haloperidol.
	DS Code A	Right, what did the Haloperidol do for her.
	BEED	Haloperidol is to help with her confusion and agitation.
	DS Code A	Right. I think you told me that once.
	DC Code A	Is that in an oral form at that time.
	BEED	Yes. Yeah.
	DS Code A	Okay so up until the 17th......
	BEED	Yep.
	DS Code A	........what's her condition, is she getting better, is

		she getting worse.
28.35	BEED	She's, she's really overall she's worse, her fluid and her diet intake is poor um she's, we're not really controlling the pain even with the regular dose of Oramorph um and she's quite agitated and uncomfortable and it's making it difficult for us to, to nurse her and look after her overall care.
	DS Code A	So generally the scenario is one of, it's becoming increasingly difficult.
	BEED	Yeah.
	DS Code A	Right, Doctor BARTON comes in.
	BEED	Yeah.
	DS Code A	Then what happens.
	BEED	Um, we'd have er reviewed her with myself, we'd have gone and seen the patient and looked at how she was um looked at the x-ray that was done the previous day and then um discussed Mrs RICHARDS care and what Doctor BARTON felt was this lady's overall condition was deteriorating er quite significantly, that we weren't controlling the pain and the only way we would control the pain was by a syringe driver er and that she felt the lady's overall condition indicated that she was in, in such poor health that she was actually dying um and that we ought to keep her pain free and make sure we were meeting all her nursing needs but that, that we, that rehabilitation at this point wasn't going to be something that we were going to

	achieve and that we were likely to be looking at a patient that was going to die fairly shortly.
DS Code A	Right and that's a decision that, that's not taken lightly.
BEED	No.
DS Code A	I would assume.
BEED	No.
DS Code A	And in conjunction with the family.
BEED	I, the family weren't present at that point in time, so what I would then have done is discuss things with the family when they arrived um and try to do that in a sensitive and tactful way um, because you start building up a relationship with a family sometimes it can be just done er by nursing staff, sometimes you'd have to arrange for them to come back and see the doctor if you didn't think that their questions had been answered or you'd um answered all their concerns or they till had worries or whatever. Um but I met with them um sometime around mid morning when they came and discussed their mum's overall condition and um the fact that we needed to use a syringe driver to control her pain um and that we didn't' think her, or we thought her prognosis was very poor and that she was actually going to die, sometimes.........
DS Code A	So it was cards on the table.
BEED	Yeah, oh yes, yeah.

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	DS Code A	Right, what was their reaction to that, can you recall.
	BEED	Upset, as, as you would expect, the, I, I knew from previous discussions with them that they had worries about use of um strong analgesias, I believe Mrs MCKENZIE actually had experience of, of someone close actually um being in a hospice and having strong analgesia, er so I did in that sort of discussion which you try and make sense, tactful, allow them time to voice their fears and anxieties and to answer any questions they had. Um but overall my impressions was that they understood the situation and they agreed with, the, the kind of care which we were um wanted to proceed with.
	DS Code A	Did they say at any stage, no we don't agree with this.
	BEED	No, no, um if they had then I would have taken, I would, I wouldn't have proceeded and I would have taken advice from elsewhere, I would have go to a Nurse Manager or um a consultant to get their advice. So although I knew that was the care that Mrs RICHARDS needed I wouldn't have gone ahead with that sort, that care um if they were in direct opposition.
31.59	DS Code A	And what would have been the alternative to the syringe driver.
	BEED	Er carry on giving Oramorph, um could have

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	given higher doses of Oramorph, so that would have been one alternative.
DS Code A	Because she is still capable of taking it.
BEED	Yeah. Yeah. Um the problem with that is it wasn't keeping her pain free for um the interval between the doses so it wasn't giving her adequate, it was giving her some level of pain control but it wasn't adequate pain control.
DS Code A	But, was there still some way to go before you reached the maximum dose of Oramorph.
BEED	Um we could have increased the dose, I think the, it's it's, it's more a matter of the interval inbetwen that, that Oramorph then wears off, um makes it difficult.
DS Code A	Do people become immune to it, not immune to it but........
BEED	The effects of it do lessen over time yes.
DS Code A	Do they.
BEED	Yeah, yeah.
DS Code A	(inaudible) with junkies you know they start off and they take more......
BEED	Yeah, yeah. Yeah. They, they, um the effect isn't heightened they get used to it.
DS Code A	So it's likely that she becomes less resistant to, have I got that right.
BEED	Yeah. She...
DS Code A	I don't think I have, it has less of an effect.
BEED	Has a less effect yeah, yeah.

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DS Code A	And for a lesser period of time.
BEED	Yeah, yeah.
DS Code A	Right.
BEED	And the other thing we find when we're trying to control patient's pain it's easier with pain if you can stay on top of it all the time, so if you, if you allow someone to become in pain it's then harder to control, get that pain back under control when if you don't allow someone to get in pain in the first place.
DS Code A	Okay.
BEED	So if you give a continuous dose that, that never lets that pain come through or if it does come through it just keeps it at a controlled level um then it's much, you don't actually need so much of the medication to keep it under control.
DS Code A	Right, where's this pain coming from.
BEED	It's obviously from the hip, there's no doubt she was getting pain from the hip but she also gave the impression of someone who was in general discomfort and agitation because anything you tried to do with her was causing her to get upset and distressed. And again that's something that's quite common with people who are very poorly and dying that, that they have specific pain somewhere but they've also got very generalised pain and discomfort.
DS SACKMAN	Yeah okay I'm, I'm with you there. Right, so we, a

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		team decision is referred to .
	BEED	Yeah.
	DS Code A	And that team, who's in that team.
	BEED	Um, that's um Doctor BARTON reviewing the patient, myself as one of the nurses looking after the patient and Staff Nurse COUCHMAN who's the named nurse er of Mrs RICHARDS and was on duty um at morning, um, who, so together we reached that decision and, and the family of course, er so we make that decision and then um at.........
	DS Code A	That's fairly comprehensive in the, the interested parties.
	BEED	Yeah, yeah, yeah.
	DS Code A	And there's no dissent there from anyone.
	BEED	No.
	DS Code A	Okay. Who, who fixes up the syringe driver.
	BEED	That was myself and Staff Nurse COUCHMAN um and we started that at eleven forty-five.
	DS Code A	And what was the contents of that.
35.38	BEED	Um that was Diamorphine, 40 milligrams, Haloperidol, 5 milligrams, and Midazolam, 20 milligrams.
	DS Code A	Right, how does 40 milligrams of Diamorphine compare to the idiot with 10 milligrams of.........
	BEED	It, it's calculated on the basis of um the amount of um Oramorph that's been needed in the previous 24 hours so what Doctor BARTON would have

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		done would have been total up the amount, the total amount of Oramorph we'd given really since um one o'clock the previous day um and then there's a, you can look in the, the formulary book BNF or we've got a booklet produced by the local Hospice which then gives you a conversation for how much Diamorphine to give over 24 hours bearing in mind whether the Oramorph had actually kept someone comfortable or not, so if that Oramorph had kept Mrs RICHARDS completely comfortable we would have gone for a lower dose but she wasn't, she was still getting periods of discomfort so we wanted to go slightly higher to make sure that she was pain free.
	DS Code A	Right just to make absolutely sure.
	BEED	Yeah.
36.54	DS Code A	Okay, and the other drugs, Midazolam that's a new one.
	BEED	Yeah, the Midazolam's um a, a hypnotic and that basically deals with agitation and relaxes um patient, keeps them calm, um and the Haloperidol she's already on and that's, that has a similar effect and that's kept because it's actually something Mrs RICHARDS is on already um and Doctor BARTON felt that if that was omitted from the driver we'd, it's something you can give through a driver um and giving it through a driver would make sure that she didn't get withdrawal

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		symptoms from the Haloperidol.
	DS Code A	Cos that could have had a knock on detrimental effect.
	BEED	Yeah.
	DS Code A	Okay I understand that, and was there one other drug in there.
	BEED	Um not at that point, we used, we started Hyoscine, but we didn't' start using Hyoscine um, may be we didn't use Hyoscine at all, yes we did, yeah, we didn't start using Hyoscine until the 19th of August which was the um the Wednesday.......
	DS Code A	(inaudible) and that's, Hyoscine, correct if I'm wrong is for secretions.
	BEED	Yeah, yeah.
38.05	DS Code A	(inaudible).
	BEED	Yeah, yeah.
	DS Code A	I've read somewhere there's a potential problem using Midazolam and Haloperidol in respiratory function. Are you aware of that.
	BEED	Er well, all, all the drugs we are using with the driver can, are known to cause some degree of depression of respiration, so that's a known side effect um and something you'd watch for, when someone's poorly their respiration becomes depressed as they start to pass away anyway so that's one of the difficulties knowing whether the medication you're giving is causing depression of respiration or whether it's the patient's overall

	condition.
DS Code A	Right.
BEED	So, but the key thing we're looking at is how comfortable is the patient and comfortable is their breathing.
DS Code A	Okay if they do go into arrest or their respiratory function slows down to a stop, do you have any equipment to use to bring that back.
BEED	We, the doses we're sort, we're using would depress respiration but I've never know it to actually to stop the respiration so in fact and you wouldn't um, so we wouldn't, shouldn't be using doses that actually cause that to happen and if you're, if you're giving Palliative care um you don't, and you help the patient, relatives come to terms with the fact that someone's dying you wouldn't want to put yourself in a position where you're suddenly having to take resusative measures because that would be very confusing and upsetting for the family.
DS Code A	So it's a conscious decision that if, if, if it's a natural by-product of that, that they stop breathing then that's death and...
BEED	Yeah, yeah.
DS Code A	.........that's inevitable.
BEED	Mmm, yeah.
DS Code A	Right, Midazolam used subcutaneously, is it.
BEED	That's, that's very common, we usually use that

		in, it's the Haloperidol is the one that we don't usually use but we usually use Midazolam because the relaxes, quite a lot of patients if they're in a lot of pain, they're also, and very well, there's a lot of fear and anxiety going on as well, so it just relaxes them and calms them down, takes away some of the, some of the fear that's associated with their condition.
40.27	DS Code A	Right, that's not a product that's licensed for subcutaneous use. Were you aware of that.
	BEED	Um, I'm, um, the information we work on is produced by um the local hospice and they do say in that, that the doses that are used and the medication that are used are sometimes being used outside of their er normal dosage range and where they'd be used but it's established, well established practices in Palliative care.
	DS Code A	It's common practice......
	BEED	So yeah. Yeah.
	DS Code A	............so the although the fact that it isn't licensed..........
	BEED	That's it.
	DS Code A	.........for the use is not a bar to using it.
	BEED	No, no.
	DS Code A	Because experience tells you.
	BEED	Because it's being, it is being used in a lot of cancers in that way.
	DS Code A	Right, so you're, we've reached that point where

		we're on the syringe driver with the, the combination of drugs, how long does that continue.
41.29	BEED	Given that we're recognising that Mrs RICHARDS is in Palliative care we would expect that to continue up until the time she passes away um because if anything sensitivity to the pain killers is going to (inaudible) or, or the pain, level of pain may increase, so you may need to increase the pain killers. If you withdrew um the analgesia then the patient would again be in the level of pain they were before you started it um, so it's expected to continue but it's constantly under review to check the level that you're giving is appropriate to the patient's needs, so really every time you go into the patient and every time you go to change the driver, every 24 hours, um you'll be monitoring how the patient is whether they're comfortable or uncomfortable and how they are over all.
	DS Code A	What, what steps are taken to insure that she remains hydrated.
	BEED	Our, our practice um with hydration is, is the patients are conscious and able to take food and fluids then we encourage them and help them, make sure they're not thirsty, um if patients become unconscious and we're delivering Palliative care um we base our work on studies

	that show that giving patients by alternative means actually doesn't do anything to effect the outcome, um the fluids aren't likely to absorbed and they become uncomfortable so we don't usually hydrate patients when we're delivering Palliative care, um, unless there was a partic, a specific indication that it was the appropriate thing to do.
DS Code A	Right. When did we stop actively treating Gladys and move on to Palliative care.
BEED	Um, that was on the morning of the 17th.
DS Code A	Right, then on the morning of the 17th ....
BEED	Sorry, that was on the morning of the 18th. Tuesday the 18th.
DS Code A	And at that point, did her death become a matter of time.
BEED	Yes.
DS Code A	Right were any steps taken in the ensuing 3 days by yourself, Doctor BARTON or any of the nursing staff to ensure her level of pain hadn't decreased to enable her to come off of that drug regime.
BEED	We would have monitored that when we, every time we looked after her so when you, when you go to wash someone, check there clean and so on that's when you start getting pain if you're going to get any so you could see that if you were, um, cos you have to roll and turn people to get them clean and to change their bedclothes and their

		night clothes and so on, so if she was showing, showing no signs of pain whatsoever then that would say right you might need slightly less, far more normal that someone shows some indication of being in pain when you start to move them and you have to judge is that a lot of pain that we're, you know we're, we're putting them through agony and we need to increase things or is it just the normal amount that you would associate with moving someone in which case level of pain killers you're giving is about right.
44.36	DS Code A	Right, is it recorded anywhere in the notes that those checks were undertaken on Gladys.
	BEED	It's, it's not specific but it's integral with um the nursing care plan so um on the 18th um for her night care but she's comfortable and the daughter stayed. Um on the, on the hygiene that she's had, she's had bed bathes and she's had oral care. Um, on the 19th she's had a night change and wash, repositioned, apparently pain free during care.
	DS Code A	So if she's pain free during that period, is it not then a proper consideration to reduce...... (the tape buzzer rings)
	DS Code A	I think we've got two minutes left, but don't, don't rush your answer because of that.
	BEED	Right, okay. Right, okay. The difficulty was if you start then reducing the pain, reducing the analgesia and the pain breaks through um you're then right

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		back to square one where you've not got the pain controlled um and you're having to go in with high doses again, so if the patient is, recognising that the patient's condition is deteriorating and dying anyway, if they're pain free then you continue at the dose you're at.
	DS Code A	But that doesn't give them the opportunity to recover.
	BEED	But we're all, we're recognising that this lady, we didn't feel this lady was likely to recover anyway at this point in time.
	DS Code A	Right, but she was never given the opportunity to recover was she.
	BEED	(inaudible).
46.36	DS Code A	Had, had someone said hold on she's not in pain let's.......
	BEED	Yeah, right.
	DS Code A	........reduce this to half the dose.
	BEED	Yeah.
	DS Code A	And see what happens.
	BEED	Yeah.
	DS Code A	Because if she was in pain from a broken hip........
	BEED	Yeah.
	DS Code A	...........that may have well subsided over the 2 or 3 days. Is there a straight forward answer.
	BEED	We, well, we, we didn't' expect that the pain would have resided, we would have expected if we'd reduced, reduced the analgesia that the pain

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	would have came back at the same level.
DS Code A	Right and that decision is based on experience..........
BEED	Yeah.
DS Code A	.........in......
BEED	Yeah.
DS Code A	Between yourself and Doctor BARTON.
BEED	Yeah, yeah.
DS Code A	Right. With hindsight, was it not considered, was it not appropriate that.......
BEED	No wouldn't have............

Tape ends as BEED is talking, at 1541 hours.

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