RESTRICTED

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RECORD OF INTERVIEW

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Person interviewed: BEED, PHILIP JAMES

Place of interview: Fareham Police Station

Date of interview: 24/07/2000

Time commenced: 1552 Time concluded: 1604

Duration of interview: 12 mins Tape reference nos. (◆)

Interviewing Officer(s): DS Code A / DC Code A

Code A

Other persons present: Mr. GRAHAM (Solicitor)

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	DS Code A	This is a continuation of our interview with Philip BEED. The same people still present, Philip. The time by my watch is three fifty-two p.m. You can leave at any time if you want or speak to Mr. GRAHAM get your legal advice.

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We got to the point at the end of the last tape where we were speaking about the drug regime over the last three/four days of Mrs RICHARDS's life and my question was that, having settled on a particular drug regime, why was no consideration given to, to reducing that dose, just to see?

BEED At, I've just erm, come to, there's an entry in the contact record by Staff Nurse JOYCE at eight o'clock on the 18th, which was the, so that was 24, that's 36 hours after we had started that drug regime, er that she is sleeping in peace, that Mrs RICHARDS is peacefully sleeping but she reacted to pain when she was moved and that pain appeared to be in both the legs. So that's 36 hours in and we, we actually know that Mrs RICHARDS is in pain when we are moving her.

DS Code A Is, is that right? If that was on the 18th, it only started..

BEED That, we started at er eleven forty-five on the Monday so that was, and that was, this is eight o'clock on ..

DS Code A No, on the Tuesday you started didn't you? She came to you on the 17th.

BEED Sorry, started on a Tuesday, yeah, er sorry eight o'clock on the Tuesday night, yeah, that's right. So that, that's been assessed em..

DS Code A So twelve hours into ..

BEED Twelve, twelve hours in, yeah, yeah.

DC Code A Are you aware at that time how that pain manifested itself, how..

BEED As Staff Nurse JOYCE has said its er, it appears to be in both legs when Mrs RICHARDS was moved, but she's, she's obviously comfortable when she is not being moved.

DS Code A Right. She is not given any other hydration?

BEED No.

DS Code A So, is it safe to assume that is an inevitability?

BEED Yeah.

DS Code A At one point she's going to die?

BEED Yeah, yeah.

DS Code A On the drug doses, right, is that a particularly high....

BEED No, that, that's er the bottom end of the scale really, erm, we, we sometimes up patient, patients on lower doses but we, we could, on the prescription here we could have gone up to two hundred milligrammes of diamorphine and eight hun...and eighty milligrammes of er midazalam. I've known patients go up to even higher doses than that, so five hundred milligrammes of diamorphine would not be er, an uncommon dose to give to someone who was in that much pain.

DS Code A Right. Was there any other evidence of, of other illness?

BEED — Er, it was, it was more a general overview of the patient's condition, a combination of er, the severe pain, the, the er reluctance to eat and drink, the appearing frail, er and difficulty moving, so it wasn't one specific thing but (inaudible) the overall picture that she presented of being a very poorly lady.

DS Code A — Right. What did she die of?

BEED — Er, Doctor BARTON had er, er, stated she died of Bronchopneumonia and certainly on the, on the 19th she was getting a very rattley chest er, which is caused when you have got actual secretions in your chest and we had started er Hyocine at that point.

DS Code A — Right, Did, did the sisters agree with that?

BEED — Er, in the statements that I have seen then they haven't but of course if Mrs RICHARDS had developed a chest infection then the, the drugs which we are using to control her pain, keep her comfortable, would have masked a lot of the symptoms of a chest infection. So...

DC Code A — Can I just ask a question? So, I mean the decision is made on the 18th, bearing in mind her condition and that pain, that, that she is dying?

BEED — Yeah.

DC Code A — So, the decision to go down the road of palliative care is taken then?

BEED — Yeah, yeah.

DC Code A So, but she is dying then

BEED Yeah.

DC Code A But she is not dying of..

BEED A chest infection at that point.

DC Code A at that stage?

BEED At that point, no.

DC Code A But later on, which is, I mean is that caused by the drugs she's on? The, the chest infection?

BEED No, but, but when the, its er really to do with being, being very frail and very susceptible and her respiration not being so good and of course the, the drugs she's on do have an effect on respiration, depressed respiration but her overall condition would have affected the respiration as well.

DC Code A Right. In terms of the 18th at the time, the, the consultation occurs and a decision is taken, what was she dying of then? Or what was you impression of what she was dying of then?

BEED Just a combination of factors. There wasn't one specific factor.

DC Code A Yeah.

BEED Er that she was dying of.

DC Code A Can you, can you just go over those?

BEED Just that she was very frail, that she wasn't eating, she had been very reluctant to eat and drink, she was in pain which wasn't controllable er and that she wasn't able to mobilize or, or

doing anything to meet her own needs.

DC Code A Okay.

DS Code A If I went into hospital, as fit and healthy as I hope to be, and were put immediately on a syringe-driver, with that combination of drugs, would I die?

BEED No. I don't think so. Er but you wouldn't, you wouldn't go on that if you were fit and healthy.

DS Code A (Laughter) I know. But, if I were to put another ninety-one year old woman without any, I mean would that kill her?

BEED No. Patients have been on this, these levels of sort of pain control and sedation er we've upped conditions and have gone on to recover so, no, not necessarily.

DS Code A In your experience, that's, that's happened.

BEED Yeah, yeah.

DS Code A In terms of ..

DC Code A In terms of recovery process for other patients, and this may be a hypothetical question, how do they come out of that? How was that accessed that they could, they can come out of that situation? If in particular they are sedated as a result of what they are on?

BEED Um. You probably wouldn't be (inaudible). If someone was going to er recover you wouldn't see, er and given that levels of sedation um, so its a bit difficult to answer really.

DC Code A — Right. So really those four...

BEED — Are.....

DC Code A — .....taken together....

BEED — ... are appropriate to palliative care, they wouldn't, I don't know that, that those, that combination would be appropriate to anyone in anything other than a palliative situation.

DC Code A — So someone who there, there's a consideration that they may well recover that would not be a combination?

BEED — No, you, you would, may use one or more of those drugs but probably not the entire combination.

DC Code A — But all taken together. So if you were to look at some notes, you've never seen the patient but you've seen they're on a driver and on those sort...

BEED — Yeah.

DC Code A — .....of drugs, would your impression be well this is someone who, who may well be, be dying..

BEED — Yeah.

DC Code A — ..and try and assist in giving her a comfortable, painfree death?

BEED — Yeah, yeah.

DC Code A — Okay.

DS Code A — I was just going through Mrs LACK's statement at the end of the day. She, she mentions a conversation about euthanasia - do you recall

that?

BEED — Does...does she say what day that was on? Was that on the, Monday the 17th?

DS Code A — Yeah.

BEED — Yeah, yeah she, I, I remember. Was that Mrs LACK or Mrs MacKENZIE?

DS Code A — My sister, so, Mrs MacKENZIE.

BEED — Yeah, I remember Mrs MacKENZIE um, asking about euthanasia um and of course I advised her that that's not something what we would ever contemplate or consider. Its, its not er something we can do and not something we would do.

DS Code A — What's the difference between euthanasia and palliative care?

BEED — Palliative care is when we recognize that someone's dying um and the care we are providing is to make that death um a comfortable and dignified experience and meet someone's nursing needs. Um, euthanasia is, euthanasia as I understand it is actually actively um assisting someone in dying.

DS Code A — Yeah. One thing we haven't covered. I am drawing to a close now, is a suggestion of a massive haematoma. Do you recall this or..

BEED — Dr. PETERS, who was the G.P. who looked at the xray um said that he felt the cause of the pain was a massive haematoma. Um, as I understand it that's um, bruising as a result of the dislocation

and the manipulation to put it back in. Um and, and that could be quite painful. I think Mrs RICHARDS' level of pain, to me seemed to be much more than just a haematoma, she, she was in a awful lot of uncontrollable pain, and distressed from the pain as well, but, but cos I expect anyone, and we have seen patients have dislocations put back it and they do have bruising and some discomfort but not on the level that Mrs RICHARDS was experiencing yeah.

DS Code A Okay. Just somebody has written down a question here which I am not quite sure is appropriate is why was Mrs RICHARDS not given fluids subcutaneously during the period 18th, 19th and 20th?
Well then.. it wasn't...

BEED That's, that's because we, we don't feel that's an appropriate course of action with palliative care and that it doesn't make anyone any, it doesn't change the outcome. Um, it makes them uncomfortable cos the fluids don't get absorbed properly, they, they collect under the skin and don't get absorbed and um, you're just, just adding another intervention which is making a patient uncomfortable um and isn't changing what's actually happening.

DC Code A — Am I right in saying that, at that time, the hospital wasn't licensed to, or authorize to, provide fluids through a subcutaneous route?

BEED — We, we, no we could give fluids subcutaneously. What we couldn't do is give fluids intravenously and um that's cos we haven't got a doctor on site who could re..re-establish an intravenous line.

DC Code A — Right.

BEED — Subcutaneously is, is an alternative route at giving fluids and that's, that's what we can ...

DC Code A — And you always been, as far as you are aware..

BEED — Always been able to give subcutaneous fluids and that doesn't need a doctor to set it up, the nursing staff can actually establish subcutaneous fluids, so we could have, if, if, if it had been appropriate to Mrs RICHARDS care we could have established subcutaneous fluids er and run them.

DS Code A — Phil, what I intend to do in a second is, is to, to kill the tape, run upstairs just to see if there is any other points that I may have missed that they feel need covering, but I am getting to the point now where I think we've had a fairly thorough going over of, of your actions throughout that period, is there anything that, that you wanna, we want to add to your account so far? Is there anything that you feel that either myself or Lee have missed or misunderstood. Just so you can

leave here saying well I, I've told them everything that they wanted to know.

BEED Yeah. The only thing really is, is that some of, is that I spent an awful lot of time with, with er Mrs LACK and Mrs MacKENZIE talking to them and answering all sorts of questions and I, I just find it strange that they're now asking questions which they had lots of opportunity to ask at the time and didn't, and I, I find that, that puzzling.

DS Code A I think, I think that's explained if, if explanation is the right word, with the fact that they perhaps found it difficult to deal with what they termed as the early stages of the loss, dealing with the loss of their mother, and perhaps with the benefit of hindsight, that they felt that some things weren't addressed properly and perhaps there was a case. With hindsight, would Philip BEED have done anything differently at all?

BEED There, there were things that happened with Mrs RICHARDS when I wasn't on the ward, um, when she fell, which um it would have been better if Mrs RICHARDS had been transferred earlier than she was for the dislocation to look at - I don't know whether that would have changed, I don't believe that would have actually changed anything but it would have um answered one of the big questions that the family had, er more than anything. In terms of Mrs RICHARDS'

care when she returned to us, then no, we, we, we looked at Mrs RICHARDS um and examined her thoroughly and made decisions appropriate to her and we discussed things with the, the family and tried to get, keep them involved um in what was happening and make sure that, that they were understanding the care we were giving and in agreement. So um I can't see that um, in terms of the overall care of Mrs RICHARDS, er there was anything er that we'd have done differently now if we were in the same situation again.

DS Code A One last thing for me, is, is a point that is raised by Mrs LACK in her statement where, and if I read the paragraph out it is on Page 13, she says I told Dr. BARTON and the Ward Manager that I'd been to Haslar that morning and explained what happened and told them that Haslar would be prepared to re-admit my mother. I considered that this was essential so that the cause of my mother's pain could be treated and sim..not simply the pain itself. Dr. BARTON said that it was inappropriate for a ninety-one year old who had been through two operations to go back to Haslar where she would not survive further surgery.

(inaudible) ... contact this has been at some point on the 17th..

Was it ever a consideration to return?

BEED

Yeah, that was after Mrs RICHARDS been x-rayed and Dr. BARTON had come back in, um Dr. PETERS had looked at the xray and Dr. BARTON had then come back in so DR. BARTON looked at results of the xray on Mrs RICHARDS, um and discussed it with Mrs LACK, the daughter, um. I, I can't remember Mrs LACK um saying those particular words to Dr. BARTON but know, I know it was, that was in looking at Mrs RICHARDS' care we consider the options what do we, what do we do here um and Dr. BARTON's view was the...there was nothing specifically wrong that Haslar would be able to treat um and heal and thought that transfer would be more traumatic. That, that Mrs RICHARDS might not even survive the transfer er, cos we know the transfer itself is quite traumatic, and that they wouldn't be able to do anything when she arrived there so the most appropriate thing to do was to keep Mrs RICHARDS in our care er and she discussed that with the daughter at that time.

DS Code A

So it would have been to the detriment of her health had she been transferred....

BEED

If we had transferred her back.

DS Code A

..cos, and there was nothing wrong with her to

look at

BEED (inaudible) cos, when she got there, if there was an obvious, if the hip dislocated again then yeah that would have been an obvious indication or if there was something else that, that Haslar could have er done that we couldn't have done, then it would have been appropriate to transfer.

DS Code A Great. I am ever so grateful you are taking (inaudible)...no, there's someone with a finger up in the corner (laughter)

DC Code A Just one .there is more. Just a, just to go over, back to the 11th and a very quick question on the care plans and the letter in relation to consideration being given to the immobilization. Now it's not docu...there is no care plan for the mobilization. Is there any particular reason for that?

BEED Um, what we, we were working on mobilize...we didn't have a care plan but we were trans ..trying to transfer Mrs RICHARDS where we could and, had things not gone in the direction they'd gone in, we would have got a physiotherapist involved in looking at transfers over the, the next few days, er but the fact that she fell and dislocated really overtook the plan to mobilize because obviously once she had re-dislocated we couldn't do anything but we would, at that point in time we were assessing well what sort of level of

mobilization er was Mrs RICHARDS actually capable of.

DC Code A — In terms of instructing the physio, who, who does that fall down to on the ward to, to do that.

BEED — Er, nurse in charge of any particular shift, cos the physiotherapist comes on ev...we've got our own physiotherapist and we're saying we've got a patient here that we want you to, to look at please and, and see how they are

DS Code A — Great. Anything else that you would like to say at this point? Right, I will run upstairs to make sure there isn't any points but I am sure if we have missed anything we'd better resolve those quickly, but thanks for taking the time and trouble to answer the questions so fully. All things being equal, the time is eight minutes past four.....

Mr. GRAHAM?? — I am quite happy for you to leave those tapes in there while you run upstairs (inaudible)

DS Code A — That' very kind of you, you are all heart. (inaudible) etc.....