

Supplementary Report on the Case of Gladys Richards

Comments on the report of Professor David Black 2nd March 2011

R E Ferner 25th September 2012

1. Sections 1 and 2 of Professor Black's report are missing from the copy I have received.

Section 3

2. I agree that Mrs Richards was suffering from a progressive dementing illness.
3. Dr VA Banks had stated 'this is a lady with severe dementia with, I think, end stage illness ...,' which is less categorical than the statement attributed to her by Professor Black at Para 3.2.
4. I agree that Mrs Richards was receiving no treatment for pain on discharge from Haslar, and there is no evidence that she suffered from pain at the time she was discharged after the first operation.
5. I agree that there is no record of a clinical examination on admission to Gosport War Memorial Hospital.
6. I agree that there is no explanation for the administration of oral morphine [Oramorph[®], called Oramorphine by Professor Black] from 11th–14th August 1998, except that I believe that it was clinically reasonable to give pain relief after the fall and consequent further damage to the hip. Mrs Richards was said to be screaming in pain. [S.29].
7. The prescribed dose of hyoscine was in fact 200–800 micrograms. [Professor Black, Para 3.9]
8. Professor Black agrees that the notes state that Mrs Richards was given 'Oramorph 2.5 mg in 5 ml [sic].' I should perhaps have stated explicitly in my report [Para 50] that the concentration of low-dose Oramorph[®] solution is 2 milligrams per millilitre (10 mg/5 ml); so either she was given 2.5 mg in 1.25 ml or [more likely] 10 mg in 5 ml.

Section 4

9. I agree that Mrs Richards suffered from a dementing illness. However, it is often difficult to define the 'terminal stage,' and Dr Banks had not definitively done so. In any event, the 'terminal stage' can last many months.

10. I agree that elderly patients who fall commonly break their hips. I also agree that the operation at Haslar was successful. The discharge note makes clear that Mrs Richards was only mobile in the sense that she was 'walking with the aid of two nurses and a Zimmer frame.' [R.59].

11. I agree that there is no clinical justification for the prescribing of both low dose oral morphine and high dose diamorphine on the prescription written by Dr Barton on 11th August 1998.

12. Professor Black characterizes the prescribing 'PRN' as 'highly suboptimal,' and I agree.

13. I agree that prescribing a controlled drug (or at least the prescribing of diamorphine or morphine) without a clinical indication must be considered negligent. However, the absence of a record of the clinical indication does not prove that there was no clinical indication. Mrs Richards was said to be in pain, and probably was from the time of the lunchtime fall on the 13th August 1998, at least until the her dislocated hip had been reduced [restored to its correct position].

14. I disagree that 40 milligrams of diamorphine by subcutaneous infusion was a suitable dose in a woman whose pain was evidently controlled by oral morphine, (1) because there was no indication for injection as opposed to oral administration; [Paras 87 and 99–100 of my report] (2) because the dose was far too high; [Paras 88 and 101 of my report] and (3) because the records indicate that she was already sedated and 'peaceful' within 8 hours of beginning the infusion, and did not subsequently stir for the remaining days of her life.

15. Professor Black does not explicitly state whether the decision to institute palliative care was correct, or why it was taken.

Section 5

16. I agree that the sequence of events is as laid out in paragraph 5.1 of Professor Black's report. He does not, however, consider whether the 'gradual deterioration' that preceded death was hastened in any way by the decision to administer large subcutaneous doses of diamorphine. For the reasons set out in my report, I am clear that, on the balance of probabilities, the administration hastened death.
17. I agree that there were significant failings in the medical care Mrs Richards received at Gosport War Memorial Hospital, although Professor Black and I may differ in detail.
18. I agree that the prescribing was deficient at Gosport War Memorial Hospital, although Professor Black and I may differ in detail.

Declaration

19. I understand that my duty is to help the court on matters within my expertise, and that this duty overrides any obligation to those by whom I am instructed or by whom I am paid. I confirm that, in writing this report, I have complied with that duty.
20. I confirm that, insofar as the facts stated in this report are within my own knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

Signed ..

Code A

Professor R E Ferner