Response to questions, 19th November 2003

1. "...the findings tend to indicate that the finding of a statistical excess of deaths among patients admitted to Gosport would be unlikely." (pages 5-6).

This analysis relates specifically to the wards for which Dr Barton was responsible (Dryad, Daedalus, Redclyffe Annexe, and the male and female wards up to 1993). Essentially, I am sticking my neck out here and relying not only on the numerical information available, but also on the case mix and clinical features of the patients admitted to Gosport. Even if a good comparator hospital or wards could be identified, my assessment is that an excess of deaths among patients cared for by Dr Barton and colleagues would not be found. That does not exclude the possibility that in a small number of cases, life was shortened by the care that was given.

2. Do we know how many people were discharged from the relevant wards as a proportion of those admitted? Can we draw any conclusions about the type of patient who was discharged in terms of their treatment (including the use of opiates and whether there was evidence of routine use for these patients) or illness?

The most complete information about admissions and discharges was obtained from the Dryad ward register. Summary information about the numbers of admissions and discharges from April 1998 onwards was made available to me, but this information did not distinguish deaths from live discharges and it was not possible to make use of the data.

The summary of proportions of people discharged alive from Dryad ward is shown in Table 4.3. Of the 375 admitted up to and including 1998, 102 (27.2%) were discharged alive; from 1999-2001, 177 (57.3%) of the 309 patients admitted were discharged alive. This may reflect the finding that the numbers of patients admitted after strokes declined, but the numbers admitted for post-operative or respite care increased from 1998/9 (Table 4.5).

Of the 670 patients admitted to Dryad ward 1993-2001 for whom information is available about length of stay, 399 died and 271 were discharged alive. The mean duration of stay of those who died was 65 days (range 0-1820) and the mean of those who were discharged was 59 days (range 0-712 days) (not significantly different).

Information is available to indicate whether 212 patients admitted to Dryad ward 1993-1998 did receive opiates. Of the 143 who received an opiate, 128 died (89.5%). Of the 66 discharged alive, 15 (22.7%) had received an opiate. Of the 66, information about the diagnosis was available from the admissions book for 64, 14 of whom had received an opiate. The Table presents information about the diagnostic groups of those who did and did not receive opiates before discharge. Most had general medical problems (multiple problems, Parkinson's disease, ulcers and pressure sores, pneumonia etc). My impression of these figures, influenced by the review of records of deceased patients, is that patients who were discharged had less severe or advanced disease on admission than those who died, and that there was little evidence to indicate routine use of opiates in this group.

		cva	general medical problems	medical/mental problems	heart problems	cancer	post op eg ~nof	respite care/social admission	Total
had an opiate	no	7	19	8	2	3	6	5	50
	yes		11	1			2		14
Total		7	30	9	2	3	8	5	64

Table. Patients discharged from Dryad ward, March 1993-August 1998.

3. I did wonder about the figures given on the total amount in mgms of diamorphine recorded as administered during terminal illness (page 91 final para).

The problem here is the skewed distribution of doses of diamorphine. It would have been more appropriate to have reported a nonparametric statistical test. Repeating the analysis using a Mann Whitney test give U as 164.0, p then being 0.238. The median dose among patients of the other doctors was 120.0mgs (25^{th} centile 27.5 mgs, 75^{th} centile 795.0 mgs). The median dose among Dr Barton's patients was 40.0 mgs, (25^{th} centile 25.0 mgs, 75^{th} centile 120.0 mgs). I hope this clarifies this point.

Richard Baker