

FAX MESSAGE

From

Professor Brian Livesley MD FRCP MAE

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Thursday, 23rd March 2000

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FOR THE ATTENTION OF: DCI Ray Burt, Hampshire Constabulary

Pages: TWO including this page

MESSAGE:

Dear DCI Burt

Following our recent telephone conversation, as you know, I have studied both of the files you kindly provided and have prepared an initial draft after re-reading the first series of files. I will shortly be adding to and clarifying this draft to produce a formal outline report. This will include further matters raised in the second series of files and also those drawn from the additional information you will be providing.

You also know I am being led inexorably to the conclusion that I will be supporting an allegation of manslaughter in this case and supporting other allegations including assault and actual bodily harm.

As I have already mentioned I have spent time well over that initially thought appropriate. The budget we initially agreed for this project has already been exceeded. Please let me know how you wish me to proceed.

Enclosed, on the second page of this fax, as you requested, are the matters I wish to raise at this stage.

I look forward to hearing from you.

Yours sincerely

Code A

The University of London's Professor
in the Care of the Elderly

Questions posed by Professor Brian Livesley
23rd March 2000

You have asked me to provide an independent view about ‘... whether, or not, there is evidence to support criminal proceedings against any party to the care of Mrs Richards?’

I have approached this matter from the viewpoint that there is no case to answer. The evidence I have considered to date, however, is consistently leading me to the opinion that there is a case to answer. The questions that are arising include the following:-

1. Why was Mrs Richards prescribed diamorphine and other drugs to be given to her in large doses subcutaneously by a syringe driver when she had previously been taking drugs by mouth?
2. Why were such large doses of diamorphine prescribed for a woman aged 91 years who was already known to be ‘very sensitive to oramorph [an oral morphine preparation]’?
3. Why was it apparently left to the discretion of the nursing staff to choose the actual dose of drugs given by syringe driver over more than three days?
4. Where is the evidence Mrs Richards’s response to the doses of drugs being given was reviewed in terms of her need for pain relief?
5. Where is the evidence Mrs Richards’s clinical status was reviewed by a doctor during this period?
6. Was Mrs Richards given any food or fluids to maintain her health and hydration during the time she was being given drugs by the syringe driver?
7. What is the Gosport War Memorial hospital’s policy and protocol on the use of syringe drivers in general and their use for the administration of hypnotics and opioids in particular.
8. What drug did the hospital’s Pharmacy provide against the prescription at the bottom of the sheet dated 11th August 1998? Was it Midazolam?
9. Did the Gosport War Memorial hospital’s Pharmacist raise any query about the doses of the drugs being prescribed for Mrs Richards? If not, why not? If so, where is the record?
10. How common is it for such large doses of diamorphine to be prescribed for patients at the Gosport War Memorial hospital?

In addition, you already know I have raised other questions including those relating to Mrs Richards’s transfer from the Royal Hospital Haslar to Daedalus ward at the Gosport War Memorial hospital on 17th August 1998.