Downloaded from www.bbc.co.uk/radio4

File on Four

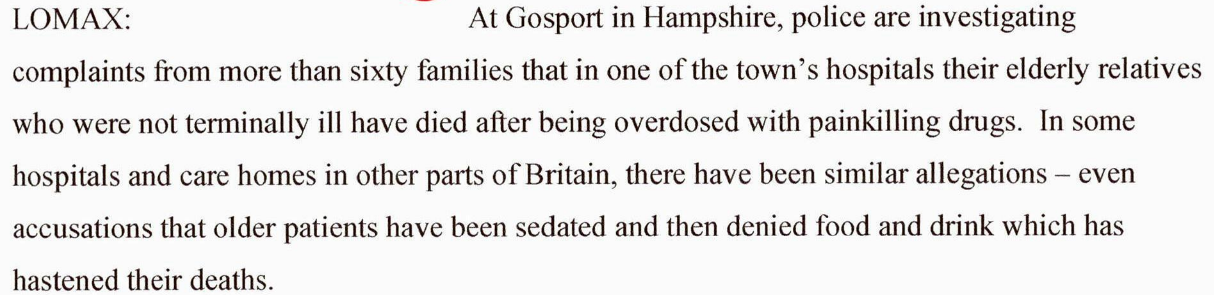
THE ATTACHED TRANSCRIPT WAS TYPED FROM A RECORDING AND NOT COPIED FROM AN ORIGINAL SCRIPT. BECAUSE OF THE RISK OF MISHEARING AND THE DIFFICULTY IN SOME CASES OF IDENTIFYING INDIVIDUAL SPEAKERS, THE BBC CANNOT VOUCH FOR ITS COMPLETE ACCURACY.

BRITISH BROADCASTING CORPORATION *RADIO 4*

TRANSCRIPT OF "FILE ON 4"

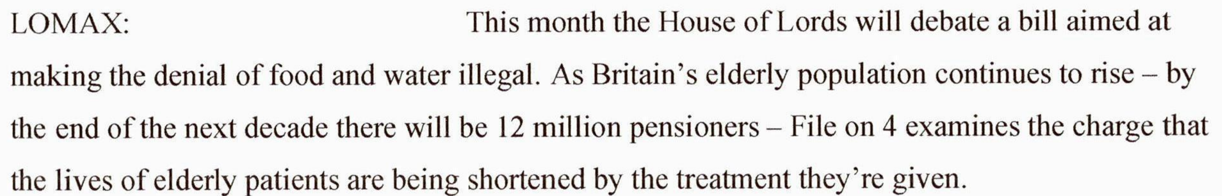
CURRENT AFFAIRS GROUP

TRANSMISSION:	*Tuesday 11th February 2003*	*2000 - 2040*
REPEAT:	*Sunday 16th February 2003*	*1700 - 1740*
REPORTER:	*David Lomax*	
PRODUCER:	*Jenny Chryss*	
EDITOR:	*David Ross*	
PROGRAMME NUMBER:	*03VY3006LHO*	



LOMAX: At Gosport in Hampshire, police are investigating complaints from more than sixty families that in one of the town's hospitals their elderly relatives who were not terminally ill have died after being overdosed with painkilling drugs. In some hospitals and care homes in other parts of Britain, there have been similar allegations – even accusations that older patients have been sedated and then denied food and drink which has hastened their deaths.

ATKINSON: She was absolutely desperate for liquid. Her teeth were sticking to the inside of her lips. She never lost consciousness. It took her over a week to die.



LOMAX: This month the House of Lords will debate a bill aimed at making the denial of food and water illegal. As Britain's elderly population continues to rise – by the end of the next decade there will be 12 million pensioners – File on 4 examines the charge that the lives of elderly patients are being shortened by the treatment they're given.

SIGNATURE TUNE

ACTUALITY WITH NEWSPAPERS

BAKER: This one, about my dad's life, from when he was born ...

MAN: Yes, here it is.

BAKER: ... in 1916. He was only 2lb.

MAN: I think ....

LOMAX: In May last year, Michelle Baker's father was taken to hospital in Walsall in the West Midlands. He was 86 and in good health, but had had a fall. Fred Thomas had worked as a pattern maker for the same firm in Birmingham for 41 years. He and his wife were about to celebrate their diamond wedding.

BAKER: He broke his hip at home. An ambulance came and took him to the Walsall Manor Hospital, and they said he'd got a broken left femur. He had a hip replacement. The operation was successful. I went to see him and he was fine. He said, 'I'll be all right.'

LOMAX: After the operation the consultant ordered that he should be put on a drip, but this instruction was ignored. He became severely dehydrated, caught a chest infection and died. He did not have food or fluids for twelve days. According to Michelle Baker, her father's death was unnecessary and cruel.

BAKER: I can't imagine what he went through, complete torture. To dehydrate and to have your mouth actually bleeding at the sides and there was just all sores inside, it's disgusting. I'm not saying it was intended, but it's happened. And for twelve days, for not one member of their staff to notice? I think they would give the food and drink, but if he was asleep or whatever, they'd just take it away. But no medical notes were made, so no one will ever know. Nobody cared, basically. Slowly dying and nobody noticed.

LOMAX: Walsall Hospitals NHS Trust, whose slogan is 'Striving for excellence in healthcare' told File on 4 that it could not comment on individual cases. But John Rostill, the Trust's Chief Executive, did write to Mrs Baker.

READER IN STUDIO: I regret to say that the clinical incident investigation has shown that the care plan was not implemented, and this without doubt led to your father continuing to be dehydrated. Adequate checks were not performed by medical and nursing staff, and your father's dehydrated state was missed.

LOMAX: Although there is no suggestion that this case was anything other than a mistake, File on 4 has heard of other cases elsewhere which suggest that withholding food and fluids from elderly patients may be deliberate. We've spoken to one woman who is convinced that this is what happened to her mother, who had had a mild stroke. The doctor, she says, ordered that fluids should be withheld. She says her mother's death was from dehydration.

ATKINSON: While I was moistening her lips, she was trying to raise her arm up and she grabbed the stick and thrust it into her mouth. She was squeezing it with her tongue on the roof of her mouth to get the moisture and she was swallowing that.

LOMAX: Why did she do that?

ATKINSON: She was absolutely desperate for liquid. Her mouth was all dry, her teeth were sticking to the inside of her lips. I went and saw the person in charge, and she had apparently been told that she couldn't give her anything, she had no swallowing reflex, but she had been swallowing that liquid in that sponge.

LOMAX: What had the doctor actually said? What had he ordered?

ATKINSON: Without seeing her, he had said that she wasn't to have anything to eat or drink.

LOMAX: But is it possible that the doctor might have been right and that she had had a stroke, that she couldn't swallow, and that even if she'd had liquid somehow that she wouldn't have recovered?

ATKINSON: Regardless of whether she would or wouldn't have recovered, he should have sent her to hospital. At the time I asked for her to go into hospital so that she could be put on a drip until she could feed herself. That was what I wanted for her, that she would have that chance.

LOMAX: In this case, the General Medical Council cleared the doctor of medical negligence. The local Primary Care Trust, however, turned down our invitation for an interview. The British Medical Association has guidelines about withdrawing food and water by tube for victims of stroke and dementia who can no longer express their wishes. Artificial feeding and hydration is now classified as treatment, and according to the BMA there are some cases where it might be acceptable to withdraw food and fluids from patients who are not terminally ill. The chairman of the BMA's medical ethics committee is Dr Michael Wilks.

WILKS: There are cases where people who are not terminally ill, but have had major strokes, have advanced dementia, are unable to swallow, where the provision even of a naso-gastric tube may cause them a burden. Normally you would continue artificial nutrition hydration, but there may be clinical situations where to continue that is burdensome.

LOMAX: How should a decision like that be made and by whom?

WILKS: It's made by the doctor. The first step is a careful clinical assessment. Then you have to decide whether that is what the patient would wish. The patient will normally be incapacitated. It's often a worry to family members that these decisions are made by doctors without any legal involvement in the consent process from the family, and so you have to explain that the medical team take the decision, but they wouldn't wish to make a decision that was firmly against a patient's wishes.

LOMAX: Later this month, the House of Lords will be debating a bill which would make it illegal to withhold food and drink from an elderly patient. It's being introduced by the former Birmingham MP Baroness Knight, who says there is mounting evidence of the practice, and her bill is nothing to do with euthanasia.

KNIGHT: This bill tries to help those who do not want to die, those who have never expressed a wish to die. We now know that this is happening to people who have never asked to go. If they can't swallow, there are ways – through a tube or what they call a peg – that's perfectly possible. It has been known, has it not, that many patients who have had strokes have at least recovered a degree of life.

LOMAX: What do you think of the BMA's argument that in some circumstances it might be legitimate to withdraw nourishment and hydration if that treatment in itself were causing difficulties for a patient and prolonging their problems?

KNIGHT: I think it is wrong to class giving a patient the basics for life as treatment, however that is administered. I can't help thinking when a doctor should say that it is burdensome, is it not burdensome to deny water so that a patient's mouth dries up so much that his tongue is curled at the back? Don't tell me that isn't burdensome.

LOMAX: What are your views about the forthcoming bill concerning the withdrawal of nutrition and hydration?

WILKS: I think this is another revisitation of the issue that our guidance on withdrawal and withholding is an intention to end the life of patients, and it's no such thing. We've set out very very carefully guidance that tells doctors when it's appropriate to consider withdrawing and withholding treatment. The intention is the withdrawal of treatment that has become burdensome, the side effect of which is the death of a patient. And if doctors are not allowed to make those sort of decisions, we actually end up with a dreadful scenario where you simply continue to treat patients because of the fear that if you withdraw treatment you will be accused of killing them and will sustain patients with a dreadful quality of life in circumstances where none of us would regard that as a good thing.

LOMAX: Concerns about the treatment of the elderly aren't just about stopping food and drink. There are also allegations about the administration of drugs to older patients in hospitals and care homes, and charges that sedatives and painkillers are sometimes being used when they're not needed, and that this is also accelerating death.

ACTUALITY AT HOSPITAL

LOMAX: This is the War Memorial Hospital at Gosport in Hampshire, the scene of the most serious of the recent allegations. It's a freshly painted, Edwardian building facing a main road with a new outpatients extension on one side. Families have complained that their elderly relatives were brought here for rehabilitation and given painkilling drugs like oramorph and diamorphine which they did not need and which they allege eventually caused their

LOMAX cont: deaths. The complaints of more than sixty bereaved families are now being investigated by police. Mike Wilson is one of the relatives who has been trying to find out what happened to his mother when she was admitted here for rehabilitation after a hip operation. She went in on the 11th, he says, and soon deteriorated.

WILSON: The week previous to being transferred, my mother had no need of any painkillers whatsoever. All of a sudden she's having morphine. I looked at her records to see what she was having, and I saw that she had been administered oramorph. When I questioned this, I was told it was for bed sores. If the pain had been this bad before they transferred my mother that she needed, a day after arriving at the War Memorial Hospital, 20mg of oramorph for bed sores, how come she didn't need the same sort of medication when she was at the other hospital?

LOMAX: Was she conscious? Could she talk to you about her pain?

WILSON: Mother, by the 12th, was still talking generally with us, the way she did. Haphazard about everyday things. But by the second day she couldn't talk to us at all. In fact I never got another conversation really out of my mother.

LOMAX: What did you actually say to the medical staff?

WILSON: I said there's no need for this medication, and I said I will take the responsibility for my mother not having oramorph, and they said it was nothing to do with me whatsoever.

LOMAX: Mike Wilson's complaints have been discounted by the NHS Ombudsman. But Mr Wilson was also told that it was impossible to come to a judgement because his mother's medical notes for the period in question 'were erroneously sent for destruction'. The Professor of Clinical Gerontology at Kings College Hospital in London is Stephen Jackson. He says that because of the power of painkilling drugs, particular care is needed when they're given to older patients.

JACKSON: Diamorphine is a powerful opiate analgesic – that is a painkiller. It's also known as heroin. It is available as a controlled drug in the United Kingdom and it is widely used in the management of severe pain under appropriate controls. These require the drug to be kept locked for stock control to be taken every time a dose is administered, so at any time every dose that went into the cupboard can be accounted for, to whom it was administered.

LOMAX: So if too much of the drug is given, what is the effect of that?

JACKSON: Opiates produce sedation, and if given in larger doses can actually stop breathing. So one of the modes of death from an opiate overdose would be a patient just stops breathing.

LOMAX: Is the sort of danger you're talking about more likely with older people than with others?

JACKSON: Yes, older people will get the same level of toxicity with a lower dose, so therefore one needs to be experienced in the use of these drugs in older people.

LOMAX: The government's Chief Medical Officer was so worried about the Gosport case that last year he asked Professor Richard Baker, the expert who was called in to look at drug records in the Shipman case, to conduct an inquiry. There have also been investigations into the hospital by the Department of Health, the General Medical Council and the Nursing and Midwifery Council. The latest report has come from the new Commission for Health Improvement – or CHI. The CHI report said its investigation was based on the likelihood that there would be lessons for the whole of the NHS. The most critical of the report's findings concerned drugs.

READER IN STUDIO: There was no evidence of a policy to ensure the appropriate prescription of strong opiate analgesia. There was inappropriate combined administration of diamorphine and other drugs which could carry a risk of excessive sedation and respiratory depression in older patients, leading to death.

LOMAX: The CHI report also questioned the monitoring and control of drugs in the hospital.

READER IN STUDIO: Though CHI is unable to determine whether these levels of prescribing contributed to the deaths of any patients, it is clear that had adequate checking mechanisms existed, this level of prescribing would have been questioned.

LOMAX: One of the more serious findings of the CHI report was that some patients who had been brought in for rehabilitation were not properly assessed for their drug needs. The Director of Nursing at the Commission for Health Improvement, and one of those who led the investigation into Gosport is Liz Fradd.

FRADD: One of the things that was missing at the time, when we had concerns about patients, is that those people were not going through what we would call an individual patient assessment.

LOMAX: Was there then a potential risk that they might be given the wrong kind of medication?

FRADD: Some patients were coming through for rehabilitation, some were coming through for palliative care, and there is a risk that you might not treat somebody as an individual if you're not absolutely clear that the assessment has been done for that person.

LOMAX: So if someone comes in, they've just had a hip operation and they come in for a bit of rehabilitation, it's actually possible for the staff to imagine that they are terminally ill?

FRADD: If a patient has not been through a rigorous personal individual assessment, which then is reflected in their care plan, it is possible that the way in which they are cared for is not appropriate to their particular needs.

LOMAX: Mike Wilson maintains that his mother was also wrongly assessed for her drug needs at the Gosport War Memorial Hospital.

WILSON: How could you give anyone any attempt to rehabilitate someone and to have them walking even with a zimmer frame if you're putting oramorphine into them and then diamorphine? If my mother couldn't even sit up in bed, how the heck would you expect to get her out and be able to walk on a zimmer frame? She only had a broken hip, which was repaired. She come through an anaesthetic. They told me in the Haslar Hospital, if she had a bad heart attack whilst under the anaesthetic they wouldn't go all out to revive her, and I said I understand that. But not to come through that and then to see your mother for three weeks being given morphine and you're standing back and couldn't do anything about it. At least give those in rehabilitation a chance, irrespective of their age. Perhaps they will now, and if we can achieve that out of all this, I'll be quite happy. That there be strong guidelines put down, which I now think are at the War Memorial Hospital, all over the country, on separating the two.

LOMAX: The Gosport War Memorial Hospital has now tightened its procedures and a senior nursing adviser, Martin Smits, has been appointed to oversee improvements.

SMITS: The practices now at Gosport War Memorial Hospital are at a good level. I do not have any concerns about the current regime in terms of prescription and administration of medication.

LOMAX: How is it that a climate could have grown up where such practices were apparently tolerated?

SMITS: I think the problem is that the people there work in a very caring way and have worked, a number of staff there, for many years. And I think there hadn't been the attention to thinking about how to keep the practices up to date that there should have been.

LOMAX: The CHI report had some very very serious concerns – the absence of proper controls, of monitoring of opiates.

SMITS: There were some serious concerns about the prescription and administration of medications.

LOMAX: No evidence of a Trust policy to ensure the appropriate prescription of strong opiate analgesia. There was inappropriate combined administration of diamorphine which could carry risk of excessive sedation and respiratory depression in older patients leading to death. These are very serious matters.

SMITS: I think they are serious matters, but they are only partly the concern of the nursing staff, and nurses now are taking a keen interest in the drugs that they administer, questioning quite appropriately what is given to patients admitted.

LOMAX: Last week, in a hotel in nearby Fareham, more than a hundred people, including bereaved relatives, attended a private meeting about the Gosport case. File on 4 has been told that the police reassured relatives that they were taken their investigations seriously and that these were continuing. The local MP, Peter Viggers, told the House of Commons recently that it was now time to draw a line under all these inquiries. There had so far been eight of them, he said, and the House could imagine their cost and the effect on the management of what he called a much loved and appreciated hospital.
If it is so good, why is it that there have been so many allegations about how elderly patients are being treated here?

VIGGERS: There has been a massive amount of local publicity, particularly in the local newspaper, and more and more people, having read the local newspaper, I think have come to the conclusion that perhaps as they have a relative or a friend who died here, perhaps something could have been done to help him or her more than was done.

LOMAX: But you're not suggesting these allegations are made without sincerity?

VIGGERS: It's not for me to probe motives. I have no doubt at all, from considerable correspondence that I've had, that people are distressed about the loss of their dear ones here. Some of the allegations which are being made are perhaps a bit extreme.

LOMAX: But the fact is that in the CHI investigation here, there were serious concerns discovered.

VIGGERS: Well, no doubt CHI feel a sense of satisfaction at having found something to put in their report.

LOMAX: But isn't it true that if it had not been for people making these allegations, there would not have been a series of inquiries, and they wouldn't have discovered the practices that were on a couple of wards here taking place?

VIGGERS: I don't want to comment on that.

LOMAX: But it's true.

VIGGERS: I don't want to comment on it.

LOMAX: But these were your constituents who are making these complaints.

VIGGERS: I really do not want to comment on the CHI report.

LOMAX: But Gosport is not the only place where there have been recent concerns about drugs given to older patients. Outside the NHS there are care homes in the private sector where there have been equally serious allegations. One of these is Isard House in Bromley in Kent. It's purpose-built, it has 65 beds, and it's run by BUPA.

ACTUALITY OF CHATTING AND PAPERWORK

WOMAN: Okay, there's that one there … they've written something over the top.

WOMAN 2: Confirmed by … who's that?

WOMAN: They've written confirmed by GP, it's all right to give …

LOMAX: Eileen Chubb and Dilys Langley allege that until 1999, when a formal complaint was made, there was a widespread practice in Isard House of dosing elderly patients with sedatives. Dilys Langley's mother, Audrey Ford, in the early stages of Alzheimers, was brought into the care home and given sedatives.

LANGLEY: I'd go in there and she'd be more zombie-like. It got that she wasn't even recognising who I was. She would be maybe sleeping or maybe just waking up. Things weren't the same at all in herself. She was wandering more and the more she was wandering, the more I believe now that she was being given more medication. She couldn't concentrate on anything, so she'd just be sitting, looking.

LOMAX: And she hadn't been like that before?

LANGLEY: No.

LOMAX: Isn't this what normally happens in Alzheimers?

LANGLEY: That's what they tried to tell me, it's all part and parcel of the Alzheimers.

LOMAX: But that's true in a way, isn't it?

LANGLEY: Yes, it is, but it just didn't ring true, the way she had been.

LOMAX: These concerns are echoed by one of the care workers in the home at the time, Eileen Chubb.

CHUBB: A lot of the residents on that unit were asleep, they were sedated. I was concerned about what drugs they were being given and in what doses, because as soon as you walked onto that unit you could see there was something very wrong. People would be asleep with their face in their food, people that you couldn't even wake up.

LOMAX: What evidence did you actually see yourself which convinced you that these drugs were being used improperly in that home?

CHUBB: One example I could give was I was asked to go down on the unit and give out the medication. It's printed on the sheet what the GP instruction is, and it said to give this particular lady 10 ml of copromazene, so I measured out 10 ml and I passed it to the carer on the unit, which was the sister, to give it to the lady. And she said, 'She has more than that normally,' and I said, 'Well no,' and I double-checked it, and I said, 'That's what's down,' and she said, 'Well she normally has much more than that.' And when I looked underneath all the signatures for the month previously, I saw that the woman was being given three times the dose.

LOMAX: Isard House is owned and operated by BUPA Care Services, its medical director is Dr Clive Bowman.

BOWMAN: I have had no comment from a general practitioner that staff in a care home have tampered with their prescription. We are legally responsible for administration in accordance with the general practitioner's instructions. I have seen no evidence to suggest that we deviated from that.

LOMAX: Are you saying that drugs were never overdosed to patients without the authority of their GP?

BOWMAN: We have no evidence that there was overdosing of residents in Isard House on the basis of the documentation we have to date.

LOMAX: Are you saying that all these people who did complain made it up?

BOWMAN: I believe they are genuine in their belief that things were not right. However that does not mean their beliefs are correct.

LOMAX: Eileen Chubb and six other care workers at Isard House were so concerned by what they had seen that they decided to make a formal complaint to Bromley Social Services, which launched an inquiry. It also commissioned an independent pharmacist report into the way drugs were administered in the home. This report found that the records for drugs were sloppy and inaccurate. Sometimes the medication wasn't even recorded. The inquiry concluded that:

READER IN STUDIO: There has been unclear dispensing of Largactil, involving inconsistent dosages, for which there is no evidence of GP authorisation.

LOMAX: Eileen Chubb and six other care workers at Isard House resigned. They took their case to an employment tribunal, which didn't accept most of their charges, but did award them compensation. It concluded that Mrs Chubb had made her complaint in good faith and had 'reasonable grounds to believe that medication may not have been properly administered, and that the recording of the administration of the medicine was deficient.' BUPA has 248 care homes with a total of more than 17,000 beds, 5,000 nurses and 20,000 care assistants. According to the medical director of BUPA Care Services, Dr Clive Bowman, any shortcomings about drug procedures at Isard House have long been corrected.

BOWMAN: At the time, the home was operating a best practice system. We are absolutely committed to providing the best possible care to our residents. We have very satisfactory inspection reports from the registered inspection unit at the time. We had an extra review by an independent pharmacist, who found no evidence whatsoever of overdosing of medication in Isard House.

LOMAX: Well the independent pharmacist called in by Bromley Council found that there was concern about the sort of doses that were being given to patients.

BOWMAN: Now with respect they did not raise specific concerns about overdosing. They did raise some issues about documentation, particularly when individual doses of drugs had been omitted and not been documented as being omitted, and also when instruction from general practitioners had not been adequately documented. So in that case we probably did step below where we should have been, and that was remedied as soon as that report was made. Medication from prescription right through to delivery to the bedside was very tightly controlled.

LOMAX: It sounds, from what you say, as if you have no real concerns about the way in which ...

BOWMAN: We have very real concerns and I can assure you that we have taken a huge amount of time to understand the issues surrounding these complaints. We have worked very closely with the local authority. We have certainly supplied extra training to the home to tighten up the sloppiness, if you like, in the recording of administration of drugs. We

are very encouraged by the continued positive reports we get now from the National Care Standards Commission explicitly about the way drugs are handled at this home.

ACTUALITY IN NURSING HOME

WOMAN: Go and get dressed together, okay? Go and get washed and dressed.

LOMAX: The charity, Action on Elder Abuse, says the Bromley allegations about drug overdosing and stockpiling are mirrored in other places. It says that of the half a million older people living in residential and nursing homes, as many as one in five is being drugged and sedated for no medical reason. The Chief Executive of Action on Elder Abuse is Gary Fitzgerald.

FITZGERALD: We know it's extensive from the number of calls that come through to our helpline, and in nearly every instance where a call is coming through complaining about a nursing home, it is also bringing up the issue of the misuse of medication. It's a scandal and a problem that has yet to reach the surface of attention.

LOMAX: But surely it's quite right to use sedatives in some cases, and maybe relatives who aren't doctors can't recognise the symptoms.

FITZGERALD: There are many many instances when the use of sedatives is quite appropriate. Usually, where the system is working properly, relatives are kept fully informed and understand this. We've had situations where people have gone into a very rapid decline in health, and even though someone is removed from the home, it may take days or even weeks for that drug to come out of their system, and it can lead to death.

LOMAX: The GPs' professional body also accepts that drugs given to elderly patients are a concern. The spokesman on prescribing at the Royal College of General Practitioners is Dr Jim Kennedy.

KENNEDY: The monitoring of the use of medication, which in nursing homes is obviously a significant issue for the management and staff, and there is a professional responsibility on them and a legal responsibility in fact to have good monitoring systems for

medication within their home. It is very important though that if anything is going wrong, that it is reported immediately, because there are systems to address it if anybody suspects that the system is going wrong.

LOMAX: But is it possible that in some cases a climate can grow up gradually in which these sort of practices are accepted, they just happen?

KENNEDY: There appears to be some examples around the country where poor practice has become established and has grown up over a period of time. This is certainly not a good situation and it is one in which the regulatory mechanisms can actually have a big influence and can help rectify the situation.

LOMAX: A recurrent theme in the cases we've looked at is the difficulty many relatives have in getting copies of the relevant paperwork when they have had concerns about an elderly patient's death. Mike Wilson in Gosport found that his mother's records had been erroneously destroyed. Dilys Langley in Bromley has had to get a court order to get all her mother's papers. Michelle Baker in Walsall says that for some of the time there weren't any medical notes at all about her father. According to Gary Fitzgerald of Action on Elder Abuse, it's a common problem.

FITZGERALD: Twelve months ago our helpline would have advised people. We've now switched to very often saying, 'We'll do it for you,' because relatives are going to the local health authority or the social services department or the Care Standards Commission with their concerns and they are not making progress. They are finding people close ranks, don't want to talk to them, and they're definitely finding people don't want to share information with them. And I'm thinking of a number of cases where it can take up to four years to get enough information from the statutory authorities to be able to get justice for what's happened to their family. Now that's not an acceptable situation, and it certainly isn't a situation that's in the spirit of what all the legislation says it should be.

LOMAX: Why should that be the case, if everybody has the right to ask for this information and to get it in many cases?

FITZGERALD: I think it's because we haven't addressed the culture, and there is still a culture within provider type services, whether health or social care, that if

somebody says, 'I'm worried about this,' instead of openly looking at it they close doors and they close ranks in case they get into trouble. And there's also a very real issue about resources and the pressure that these services are under, and mistakes do happen, but it's not easy to admit mistakes when you're under the sort of intense pressures that we see. But the end result is that people don't get justice and they don't get their rights.

LOMAX: Families who try to find out more about why their elderly relatives have died face other difficulties. There are often no inquests or post mortems. In most cases the bodies have been cremated, and in any case, according to the Royal College of Pathologists, one in three death certificates is inaccurate. Police are now looking at the medical records of 70 elderly people who died in two orthopaedic wards at a hospital in the north of England where there has been an allegation about the wrong drug being used on a patient who subsequently died. In the last few years there have been at least six other cases where police have investigated complaints about overdosed elderly patients in hospitals and care homes, but have not been able to convince the Crown Prosecution Service to take matters further. But there has been one recent successful prosecution in the case of drugs being administered without authorisation to an elderly patient. It happened in South Wales and it only came to court because of whistleblowers on the inside.

MACKIAN: A number of the younger members of the nursing staff there were extremely brave when they gave their evidence. Over a period of time they had felt that they had been victims of not being able to open up and go to management and explain what had taken place. However they did give evidence at subsequent hearings, and it was through their evidence and courage in coming forward which supported a police prosecution.

LOMAX: Chief Superintendent Andy Mackian of Gwent Police led an investigation into a psychiatric nurse called Phillip Reed, who has now been struck off the nursing register. Phillip Reed had two jobs. He did shifts in the NHS hospital at Ton Teg near Pontypridd, then night shifts as a bank nurse at a private nursing home at Aberbargoed. He was arrested after a junior nurse complained about the treatment she had seen him give to an elderly patient who subsequently died. At Cardiff Crown Court, he was cleared of two charges of attempted murder, but found guilty and sentenced to four years for administering poison with intent to endanger the life of one of his patients.

REED: I made the decision that I needed to calm Mr Kay down fast, so I gave him 10 mg of thioridazine, which is a small dose of tranquilliser.

LOMAX: You were not authorised to give him that?

REED: No I wasn't.

LOMAX: Why did you do that?

REED: I needed to calm the chap down and settle him down. I thought if he hadn't been calmed down pretty quick he would have died.

LOMAX: Why did you do that without authority?

REED: Where was there to get authority? We had no medical cover in the nursing home. We had an emergency doctor's surgery which was five miles away.

LOMAX: But you were convicted of administering drugs that were not authorised.

REED: I was, yes. But at the time I had to do the best for my patient as I could do in the circumstances I was in.

LOMAX: But was it for you to judge the sort of drug and the amount of drug that he should have?

REED: Well it depends on the situation that you're left in, doesn't it? You've got no medical cover, you're the only qualified nurse on duty, you've got nobody in support, which is quite common in nursing homes. What do you do? Do you just walk away and leave a guy to die or do you do your best for him? The court decided that I was wrong, so I accept that.

LOMAX: The nursing home where Phillip Reed worked is one of 25 owned by a company called Pure Truce, which is run by a GP, Dr Prana Das. Dr Das wouldn't be interviewed, but told File on 4 that the nurse had come to them with impeccable NHS references and had been suspended as soon as there was a problem. Pure Truce told us there was no point in

altering the company's monitoring procedures since there was nothing wrong with them. If all the checks and monitoring systems were in place, the significance of this case is that it only came to light because staff on the inside were prepared to speak. But Chief Superintendent Mackian, who led the operation, acknowledges that investigating suspicious deaths of elderly patients is particularly difficult. Inquiries are inevitably expensive, long and complex.

MACKIAN: The insidious behaviour of an individual over a long period of time who can protect themselves within a nursing environment with their own expertise, arrogance, ability to cover their tracks, takes a great deal of investigation to unearth that pattern of behaviour which identifies that callous approach to nursing.

LOMAX: So it's quite possible that this kind of thing could exist in a number of other homes and the obstacles facing anyone who wants to investigate it are just impossible to succeed?

MACKIAN: I wouldn't say impossible. What one needs to do is to engage the trust and confidence of those individuals within the nursing profession who may be witnessing standards which they are not content with, which challenge their professional belief in nursing. But you have to understand that it's an environment often of profit, therefore the numbers who may be there as care workers may be reduced, there may be individuals who work together on a one-off situation through bank nursing. You may be working with an individual in a nursing home who has simply been employed for that night, for that week, for that month. I would suggest that there are still practices going on which would cause us concern.

LOMAX: There are obviously many homes and hospitals in Britain where elderly patients do receive excellent care and treatment. But in this least glamorous corner of health care, where morale is sometimes low, staff are in short supply and often overworked and underpaid, these examples of over sedation and the withdrawal of food and water, pose wider questions about the effectiveness of checks and controls. They also raise concerns about standards generally, in the way Britain cares for the ever-increasing numbers of its elderly citizens.

SIGNATURE TUNE