

2

Reply to N.A.S. WMR
24.6.99

Code A

19-7-99

Dear Sir,

Please find enclosed a photo copy of your letter dated 24th June. I have made a number of comments on the pages which I would like you to read.

It would be appreciated if you could arrange for an independent medical opinion from outside the district as we seemed to be at loggerheads on two key issues. One of course being A the morphine question regarding amount given and in light of my mother's condition on being admitted to the War Memorial why was it given to her at all.

The other points being E & F and more so F in that no satisfactory reason has been given for not treating the dehydration on the 17th Nov 1998 until it was pointed out to the duty staff that my mother was infact dehydrating. Also why no member of staff noticed that she was.

You see we come back to no times or dates as in the case of A when you state that my mother was given morphine not simply for bed sores. I am not talking about when she was actually dying from the 23rd Nov 1998 but from day one of her being ^{ADMITTED AS} a patient at the W.M. - the 11th Nov 1998. Why such a high dosage on the 12th and following days, a dosage more in keeping with someone suffering from a terminal illness and not someone who has just been transferred from one hospital to another with nothing more serious than ^{ALREADY} healing bed sores and old age.

A lot of poppycock that is what I keep on getting and as for DI intend to pursue this further through other channels when the complaint regarding my mother is finally resolved.

Thank you for your help in arranging, as you put it, one last attempt to conclude matters under local resolution.

Yours sincerely,

Code A

R.E. Wilson (Mr)

PORTSMOUTH
HealthCare
NHS
TRUST

Mr. M. Wilson,

Code A

Our ref
MM/BM/YJM
Your ref

Date
24th June, 1999
Ext
4378

Dear Mr. Wilson,

I am responding to your letters of 12th June, 1999 (received in this office on 15th June, 1999) and that of the same date addressed to Dr. Reid. I am very sorry to hear that you remain dissatisfied despite our several attempts to resolve your complaints. In particular it is a matter of regret that issues still remain after the formal meeting between yourself, Dr. Ian Reid, Mr. Bill Hooper and Mrs. Barbara Robinson (from the Trust) and Mrs. Ann Munro and Mr. Nick Emery (from the Community Health Council). All the staff concerned with your late mother's care are genuinely sorry that your ^{*}grief has been compounded in this way, and hope you will find the following helps in finally resolving your concerns.

Your letters identify the key outstanding issues as:

* NOT GRIEF. ANGER IS THE WORD AT THE LACK OF CARE THAT I BELIEVE CONTRIBUTED TO MY MOTHER'S DEMISE.

- (a) The need for morphine to have been prescribed.
- (b) The decision to treat - or not.
- (c) Your knowledge of other similar complaints
- (d) Complaints about your own treatment, and the stress you have experienced.
- (e) Your mother's experience in a darkened room on Dryad Ward.
- (f) Dehydration.

Dr. Reid, and the Gosport War Memorial Hospital staff have been given an opportunity to comment on both letters, and the following response reflects their views:

- (a) *The need for morphine in response to the pain resulting from the bedsores:* Bedsores themselves can be extremely painful, and the degree of pain does not necessarily equate to the size or degree of the problem. ^{*} However, your mother was not simply given morphine for her bedsores.

← BEDSORES TAKEN OFF ON 14TH NOV 98
BEDSORES WERE AT HASCAR BUT NO MORPHINE WAS GIVEN TO HER

* SO WHAT WAS SHE GIVEN MORPHINE FOR ON 12TH NOV. 98 THROUGH TO AND INCLUDING 16TH NOV 98.

PORTSMOUTH HEALTHCARE NHS TRUST CENTRAL OFFICE

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/continued - page 2

SO AT HASLAR ON THE 10TH NOV 98 SHE WAS NOT IN PAIN THEREFORE NOT IN NEED OF ANY KIND OF PAINKILLERS. TAKEN ON 12TH AT THE W.M. HOSPITAL SHE * Both the medical and nursing staff assessments at Gosport War Memorial Hospital ^{NEEDED 20mg} concluded that Mrs. Purnell was suffering a significant level of pain, and she was ^{OF MORPHINE} given a low dose of morphine to relieve generalised pain and discomfort. ^{WHY? FOR PAIN}

The fact that she was given no pain relief at Haslar from 5th November, 1998 until her transfer to the War Memorial Hospital does not, as you believe, prove that the subsequent use of morphine was inappropriate. As you would expect, her condition was changing from day to day and the move itself may have contributed to her discomfort. The staff could only react to her condition and needs as they found them not as they had been, and this is what they did.

- (b) *The decision to treat:* You express the view that "someone of authority" decides in each individual patient's case whether or not the cost or effort of treating them is justified - we would be appalled if this were the case. It is not a resource issue, it is a matter of clinical judgement as to what is best for the patient. There has to be an assessment of each individual's potential to survive and an acceptance that in some instances intensive active treatment may simply prolong the pain and distress by delaying the inevitable outcome.

WHY THEN WAS SHE TRANSFERRED TO HASLAR HOSPITAL

When Mrs. Purnell arrived at Gosport War Memorial Hospital she was suffering from many health problems, and ^{*} was in significant pain. She was close to the natural end of her life, and it is, I think, regrettable that this was not made clearer to you at the time. I have already highlighted this, and apologised to you, in my letter of 8th January, 1999.



- (c) *Other complainants:* I am sorry to hear that other patients or relatives have expressed their concerns to you - and can only advise you to encourage them to complain directly to me, so that their individual circumstances can be investigated. Our complaints leaflet is widely available and I hope it is clear that we do want to hear from people who have reason to complain, so that any problems identified in this way can be addressed.
- (d) *Your own complaints:* You again indicate that compensation and legal redress are on your agenda, and I can only reiterate that the complaints procedure is not appropriate in such circumstance and that you should instead pursue matters through the formal legal channels.
- (e) *Left alone in a darkened room on Dryad Ward:* The time in question was a winter afternoon, with the evening drawing in. Mrs. Purnell was asked if she would like the main light switched on and she declined. We appreciate that you do not think your mother would make such a choice, but this is what happened.

12 Nov. 98	20 mg.
13 -" -	10 mg
14 -" -	10 mg
15 -" -	20 mg.
16 -" -	10 mg

TOTAL 70 mg morphine

* THE STATE MY MOTHER WAS IN DUE TO AMOUNT OF MORPHINE GIVEN TO HER UP TO THE 17TH NOV 98 WAS SUCH THAT NO WAY COULD SHE HAS ANSWERED ANY QUESTIONS COHERENTLY. ASSUMING TIME AS 3.p.m. BECAUSE AT 3.45pm A VISITOR FROM PORTSMOUTH ADDENBROOK RES. HOME COMPLAINED TO **HealthCare** STAFF NURSE THAT MY MOTHER WAS DEHYDRATING. AND IN A HEAVILY SEDATED CONDITION, SO FROM 3.p.m. IN LESS THAN ONE HOUR MY MOTHER COULD DETER-
 TRUST

/continued - page 3

(f) *Your mother's dehydration on Dryad Ward:* As Mrs. Purnell's condition deteriorated, her ability to take oral fluids fluctuated. Fluids were, however, given when she was able to take them. Whether or not to commence subcutaneous fluids when a person becomes unable to take sufficient oral fluid, towards the end of their life, is not a simple decision. This links with decisions about treatment as explained in (b) above. Your concerns about this issue have already been thoroughly addressed during your meeting with Dr. Reid and Mrs. Robinson. There is simply nothing more we can add.

IT COULD BE
EXPLAINED AS TO
WHY SHE WAS
HYDRATING SO
WELL AFTER BEING
ADMITTED TO W/M
HOSPITAL

HOW IS
ST THAT
MY
QUESTION

If you remain dissatisfied it is important to identify what further steps the Trust could take to resolve your concerns. In one last attempt to conclude matters under local resolution, I would gladly arrange for an independent medical opinion from outside the District on the key issue of the appropriateness of the morphine administration. Alternatively you may choose to move on to the next stage in the NHS complaints procedure by requesting an Independent Review or, indeed, going straight to the Ombudsman. Back in December 1998 I sent you copies of two leaflets which explain how the NHS complaints procedure works. I enclose further copies for your information.

I would be grateful if having considered these options you would let me know within the next month if there is any further action you would wish me to take, otherwise we will consider the matter closed. ← YOU HAVE TO BE JOKING

Yours sincerely,

Code A

Max Millett
Chief Executive