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TO: MILLS + REEVE
FOR THE ATTENTION OF: [redacted]

DATE: 16/01/09
FAX NO: [redacted]

FROM: Dr. R. I. Reid
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Portsmouth Hospitals NHS
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Our Ref: RIR/ij
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Division of Medicine for Older People

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Tel: 023 92 603252 (d/l)
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Mills & Reeve LLP
78-84 Colmore Row
BIRMINGHAM
B3 2AB

Date: 16th January 2009

[redacted]

Re: **Gosport Inquests (Joint instruction)**

Is this what you are looking for? If not please let me know.

Yours sincerely

Code A

Dr R I Reid
Consultant Geriatrician

End (1).

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Code A

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Mills & Reeve LLP
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B3 2AB

Date: 16th January 2009

Dear [redacted]

Re: **Gosport Inquests (Joint instruction)**

Further to our telephone conversation I am writing to expand on the comments in my earlier letter in relation to one of the expert witnesses, Dr Andrew Wilcock, whom the coroner proposes to call to the inquest to give evidence.

In relation to the care of Enid Spurgin, on page 38 of his statement (first paragraph, first line) Dr Wilcock records that "in my view Mrs Spurgin was not anticipated to be dying ---".

Fractured neck of femur incurs a very high mortality (up to 25%). Mortality will be even higher in patients who are more elderly (Mrs Spurgin was 92) and who develop complications following their operation (as Mrs Spurgin did), and who also have existing medical conditions as Mrs Spurgin did – ischaemic heart disease, mild memory impairment. Continuing pain after an operation for fractured neck of femur is, in my view, a very poor prognostic fact for survival.

Dr Wilcock doubts the cause of death as laid out in the death certificate but offers no further opinion on cause of death.

In respect of Geoffrey Packman, on page 47 (paragraph 2, line 11) of his statement Dr Wilcock records that (Mr Packman) "--- had no known underlying life-threatening illness, death was not anticipated —".

This view is grossly erroneous.

Marked obesity itself confers a significantly reduced life expectancy. Mr Packman had gross arthritis of both knees and had become immobile. Immobility further reduces life expectancy. Very significantly he had extensive pressure sores which would put him at risk of sepsis (and increased mortality). In addition he was incontinent of urine and faeces. This would inevitably contaminate his pressure sores making sepsis and its complications stress peptic ulceration, gastrointestinal haemorrhage and death.

Continued/...

The statements by Dr Wilcock would lead me to question how much experience he has in managing elderly patients who have sustained a fractured hip with complications and elderly patients with gross obesity, immobility and extensive pressure sores.

I note that his curriculum vitae states "—includes experience in health care of elderly (acute medicine and rehabilitation) —". This would appear to have been at junior doctor level and is likely to have been four to six months at the most. He would not appear to have had any experience at consultant level in dealing with such patients.

This, and the statements above, which no doubt reflect his lack of experience in elderly medicine, would lead me to question his suitability as an expert witness at an inquest, the primary purpose of which is to determine cause of death.

Yours sincerely

Code A

Dr R I Reid
Consultant Geriatrician