

Prof MUNDY - c/o Charles Farthing.

EXPERT REPORT 2001 by Prof K I MUNDY

(Embraces transcripts of police interviews including LORD and BARTON)

PALLIATIVE CARE (British National Formulary)

Active total care of patients whose disease is not responsive to curative treatment

ANALGESIC LADDER (British National Formulary)

- Aspirin or Paracetamol (non-opioid) – for pain up to moderate severity
- Codeine or Dextropropoxyphene (weak opioid) – for moderate to severe pain
- Oral Morphine (strong opioid) 4-hourly, starting 4-20mg (using lowest possible to control pain, using by step increases)
- UNABLE (or unwilling) TO SWALLOW Injection of Morphine or Diamorphine (3 x stronger opioid) by syringe driver (10mg of Morphine 4 hourly, orally or injection = 60mg/day. Equivalent Diamorphine is 20mg/day)

Summary:

- Line 3: WRONG. He did not have long-standing back pain (he fell)
- Line 12: WRONG. The ankle problem developed several days after admission
- Line 22, 37: How is it possible to determine discomfort when unconscious??
- Line 30, 41, 44, 45: Morphine started without any attempt control pain by less potent means
- Line 35, 47: The 24-hour dose requirement of Diamorphine COULD NOT be established after only two doses of oral morphine
- Line 39, 42, 54: No justification for dosage increases of Diamorphine above 40mg
- Line 49: Prescription of a ten-fold range (20-200mg) of Diamorphine was UNACCEPTABLE and did not comply with standard practice (line 59)