1 Monday, 19 October 2015
2 (10.10 am)
3 IN THE ABSENCE OF THE JURY
4 THE CORONER: Ms Lambert, I understand that the server has
5 gone down -- you probably know about this --
6 MS LAMBERT: I had heard something of this.
7 THE CORONER: -- in London, which means that no transcript
8 comes up on the screen. We will try to see how we get
9 on, but obviously it does mean that the jury won't have
10 the transcript running in front of them, and the members
11 of the public won't have the transcript running in front
12 of them.
13 MS LAMBERT: I don't know whether we have any estimate as to
14 how long it will take for the server to be rebooted in
15 London.
16 THE CORONER: The answer is, we don't know, as I speak.
17 Obviously, enquiries are being made. I assume it is
18 being worked on.
19 MS LAMBERT: Sir, my proposal is we see how we get on. If
20 the public find it difficult or if the jury find it
21 difficult, then obviously we can stop and regroup.
22 THE CORONER: That would seem to me to be sensible.
23 Mr Brown, shall we do that for the moment and then
24 see how we go?
25 MR BROWN: I am content with that approach. Thank you.

1 THE CORONER: Let's have the jury. We should just explain
2 it to the jury. Perhaps you would like to do that,
3 Ms Lambert?
4 (10.14 am)
5 IN THE PRESENCE OF THE JURY
6 THE CORONER: Good morning, members of the jury.
7 Ms Lambert, I think you are going to explain the
8 slight computer problem that we have.
9 MS LAMBERT: Sir, before we continue with the evidence
10 concerning Tony Bland, can I say that there is a problem
11 with the server in London, the effect of which is that
12 the live transcript will not be appearing on our screens
13 just for the moment. It is being worked on as I speak
14 and, when it is up and running, then we will be able to
15 reconnect the monitors and the LiveNote will be
16 displayed.
17 Sir, my proposal is that we do start. If either the
18 jury have a difficulty in following the evidence without
19 the transcript or the Bland family, or indeed anyone in
20 the public gallery, then of course if that could be
21 indicated by one means or another, and we will take
22 a pause.
23 THE CORONER: Just signal to me if there is a problem, would
24 you?
25 MS LAMBERT: Sir, could I ask Mrs Barlow to be sworn,

1 please.
2 MRS CAROL LESLEY BARLOW (sworn)
3 Examination by MS LAMBERT
4 MS LAMBERT: You are Carol Lesley Barlow; is that right?
5 **A. That's correct, yes.**
6 Q. Mrs Barlow, as you know, I am going to ask you some
7 questions to start off with. There may be some
8 follow-up questions from Mr Brown and Mr Mylonas.
9 **A. Okay.**
10 Q. Mrs Barlow, you made a statement concerning your
11 involvement in Tony's care in the Northern General
12 Hospital on 1 October 2015, and it is behind tab 127 of
13 our bundles, and it is already open at the right place
14 for you.
15 Mrs Barlow, can I ask you just to confirm one or two
16 points by way of background? In 1989, you were a staff
17 nurse at the Northern General Hospital based in the
18 cardiac intensive care unit; is that correct?
19 **A. That's correct, yes.**
20 Q. Are you still, in fact, in the nursing profession?
21 **A. I am, yes.**
22 Q. You are now nursing matron at the Northern General?
23 **A. That's correct, yes.**
24 THE CORONER: Mrs Barlow, forgive me interrupting, could you
25 talk as loudly as you can into the microphone?

1 **A. Sorry, yes.**
2 THE CORONER: Particularly as there is no running transcript
3 for everybody to read what you are saying.
4 **A. I apologise, yes.**
5 MS LAMBERT: Just staying with your role in 1989, you were
6 a staff nurse in the cardiac ICU, as it was called,
7 CICU.
8 **A. Yes.**
9 Q. You had at that time six months' experience within that
10 particular environment; is that right?
11 **A. That's correct. Yes.**
12 Q. You described yourself in your statement of October 2015
13 as being the junior intensive care nurse on the unit?
14 **A. I wasn't the most junior intensive care nurse, but I was**
15 **junior at that stage, yes.**
16 Q. Mrs Barlow, in your statement, you describe how you
17 became involved or you became aware of the influx of
18 casualties to the hospital, first of all learning of
19 the disaster via the television and then becoming aware
20 of the influx of patients to the hospital; is that
21 right?
22 **A. That's correct, yes.**
23 Q. I want to take you straight, please, to the note that
24 you made, as I understand matters, in Tony's records.
25 **A. Okay.**

1 Q. Are you content for me to do that?
2 **A. Yes.**
3 Q. It will come up on your screen. We can make available
4 a hard copy if it helps you. Can we start, please, at
5 INQ000069910476.
6 THE CORONER: Could you give me the reference, please,
7 Ms Lambert?
8 MS LAMBERT: Yes. It is in our slim bundle. It is actually
9 in my bundle behind tab 3. It is quite some little way
10 into the bundle. If you look for suffix 476.
11 THE CORONER: Thank you.
12 MS LAMBERT: It is the first substantive nursing note.
13 THE CORONER: Yes, thank you.
14 MS LAMBERT: It starts off, 15 April 1989, at half past 5.
15 Jyo, can I ask you to maximise the hop half of this
16 page for us so we can read it through together.
17 You made quite a long entry, over a page and a half
18 in Tony's nursing records.
19 **A. Yes.**
20 Q. When was that note made?
21 **A. It was made later that evening, after we'd transferred**
22 **to the Hallamshire, so it was written retrospectively.**
23 **It wasn't written at 17:30. That was an approximation**
24 **of the time I thought Tony had arrived.**
25 THE CORONER: You're dropping your voice a bit.

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1 **A. Sorry.**
2 MS LAMBERT: We understand that Tony arrived at the Royal
3 Hallamshire sometime after 9 o'clock that night. Is
4 this right, that you went with Tony in the ambulance
5 that transferred him to the Royal Hallamshire Hospital?
6 **A. That's correct, yes.**
7 Q. So would this note have been made by you following that
8 transfer?
9 **A. Yes.**
10 Q. Either at the Royal Hallamshire --
11 **A. It was at the Royal Hallamshire.**
12 Q. So it was made at the Royal Hallamshire because, of
13 course, these notes were left at that hospital?
14 **A. Yes.**
15 THE CORONER: The transcript is working again, Ms Lambert.
16 MS LAMBERT: Can I just confirm that the jury's screen is
17 working. Excellent.
18 If we might start off with your note, what I would
19 like to do, please, is just to read it through and then
20 ask you some questions about it. But let's understand
21 what you wrote:
22 "E/A ..."
23 Is that emergency admission?
24 **A. It is, yes.**
25 Q. "... via casualty following crush injury at football

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1 ground."
2 Pausing there, certainly by the time you wrote this,
3 you were aware that you were dealing with a crush
4 injury?
5 **A. I was.**
6 Q. "Injuries: head injury? Trauma?
7 **A. Query trauma, query hypoxia. So I'm questioning the**
8 **cause at that point.**
9 Q. So you were aware there was a head injury, possibly as
10 a result of some form of trauma to the head, possibly as
11 a result of oxygen deprivation?
12 **A. That's correct.**
13 Q. You then wrote:
14 "Bil pneumothoraces."
15 Bilateral pneumothoraces. Are you there referring
16 to that condition that we described on Friday, whereby
17 the lung tissue is compressed as a result of air getting
18 into the skin that surrounds the lung?
19 **A. I am, yes.**
20 Q. The pleural sac?
21 **A. Yes.**
22 Q. "Multiple contusions", is that what you wrote, "mult
23 contusions"?
24 **A. I think that says multiple. I'm not sure, but it**
25 **certainly says contusions.**

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1 Q. Contusion is another word for bruise?
2 **A. Yes.**
3 Q. So you are referring there to your examination of Tony's
4 skin generally?
5 **A. Yes.**
6 Q. "On arrival" -- you are referring there to Tony's
7 arrival at the CICU?
8 **A. Yes. I had not met him before that.**
9 Q. So we are talking about a time after 5 o'clock?
10 **A. Yes.**
11 Q. "Unconscious and intubated"?
12 **A. Yes.**
13 Q. Just to remind ourselves of the evidence on Friday, we
14 know, of course, that Tony was intubated on ward 60,
15 following that short deterioration in his condition?
16 **A. Yes.**
17 Q. You then say he required certain drugs. Are you able to
18 describe those drugs for us?
19 **A. Yes. The first one is pancuronium, which is**
20 **a paralysing agent; the second one is midazolam, which**
21 **is a sedative.**
22 Q. That was in order that he might be ventilated?
23 **A. That's correct, yes.**
24 Q. Initially, on 50 per cent oxygen?
25 **A. Yes.**

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1 Q. Then can you read the next entry for us?
2 **A. It says "MV 10x12 breaths", it's the ventilation**
3 **setting, so that's minute volume of 10-litres in**
4 **12 breaths.**
5 Q. So you are describing there the fact he's being given
6 50 per cent oxygen on the ventilator, and the pressure
7 settings of the ventilator are there described?
8 **A. Not the pressure, the number of breaths per minute.**
9 Q. Number of breaths per minute?
10 **A. Yes.**
11 Q. You then say:
12 "Gases good."
13 What are you referring to there?
14 **A. I'm referring to the ones that were taken in A&E that**
15 **the lady doctor, whose name I have forgotten now, wrote.**
16 Q. Dr Naidoo?
17 **A. Yes.**
18 Q. So you are referring there to those entries that
19 indicate that the oxygen content of Tony's blood -- I'm
20 putting it in a very simple way, so that I understand --
21 the oxygen levels in Tony's blood were good?
22 **A. As far as I was aware. I had only got those gases to go**
23 **on, because we'd not put the arterial line in at that**
24 **initial point.**
25 Q. You then say this:

1 "Arterial line inserted."
2 I think Mr Barham last Friday told us about the
3 purpose of the arterial line. It was a line that was
4 inserted into one of the major vessels of Tony's body so
5 that there could be detailed and accurate monitoring of
6 his condition?
7 **A. Yes. It would be in the radial artery at the wrist. It**
8 **gives a continuous monitoring of blood pressure, and we**
9 **can also sample arterial blood to analyse the oxygen and**
10 **carbon dioxide levels, amongst other things.**
11 Q. "Heart rate 133."
12 Is that correct?
13 **A. Yes, that's correct.**
14 Q. "Blood pressure 125/70."
15 You then make reference to Tony being catheterised?
16 **A. Yes.**
17 Q. I don't think I need to ask you any more about the entry
18 that follows the reference to catheterisation.
19 Can I go on to the next entry, three lines down,
20 which may be of some importance:
21 "? Aspirated, alcohol + semi-digested food on
22 endotracheal suction."
23 **A. That's correct.**
24 Q. Are you referring there to an observation that you made
25 or something that you were told by others?

1 **A. That would have been an observation that I made.**
2 **I would have commented on what I was suctioning from his**
3 **chest, because it would be important to determine how we**
4 **would treat what did turn out to be the aspiration.**
5 Q. Just so that we follow what we have recorded here, in
6 addition to Tony being ventilated, so a machine
7 effectively doing the breathing for him, you were
8 sucking out debris and fluid from his throat; is that
9 right?
10 **A. No, from further down.**
11 Q. From further down?
12 **A. Yes. You can pass -- once a patient is intubated, you**
13 **can pass a suction catheter down as far as the carina,**
14 **which is where the trachea branches into two, and you**
15 **can suction contents that are actually on the lungs.**
16 Q. So you are talking about aspirating or sucking out
17 debris from those tubes that go down to the lungs?
18 **A. Yes.**
19 Q. You obviously had an opportunity of seeing what you were
20 sucking out?
21 **A. Yes.**
22 Q. It included food?
23 **A. It did.**
24 Q. You then refer to another line being inserted -- again,
25 Mr Barham told us something of this on Friday when he

1 gave his evidence -- a CVP line, a central venous
2 pressure line, is it?
3 **A. That's correct, yes.**
4 Q. That would not have been inserted by you?
5 **A. No. No.**
6 Q. So you are recording here what was done by others?
7 **A. Yes.**
8 Q. Following the insertion of that line, you noted that
9 airway pressures increased suddenly?
10 **A. Yes.**
11 Q. What are you referring to there?
12 **A. When a patient is on a ventilator, we monitor the**
13 **pressure that's required to deliver the gas to the**
14 **patient's lungs, and an increase in airway pressures**
15 **obviously indicates that it's harder to ventilate the**
16 **patient. So the ventilator was struggling to get the**
17 **oxygen and air into Tony at this point, indicating that**
18 **there was something obstructing, either the**
19 **pneumothorax, as we found out that it was, or that there**
20 **was bronchospasm.**
21 Q. Then you go on to say "CVP" -- is that "transduced"?
22 **A. It is, yes.**
23 Q. What are you referring to there?
24 **A. We transduced the pressure onto a monitor, so there is**
25 **a system that interprets the pressure and the waveform**

1 **of that pressure onto an intensive care monitor and it**
2 **gives us a reading of the pressure at the right side of**
3 **the heart.**
4 Q. Then you say this:
5 "Suddenly became blue."
6 **A. Yes.**
7 Q. Are you describing there Tony's face becoming
8 discoloured?
9 **A. I remember his lips becoming blue as the airway**
10 **pressures increased.**
11 Q. So as there was a problem with the ventilator pushing
12 the air into Tony's lungs --
13 **A. That's correct.**
14 Q. -- he became blue?
15 **A. Yes.**
16 Q. Was that an observation that you made?
17 **A. It was, yes.**
18 Q. Its significance?
19 **A. That there's a reduction in the oxygen in the blood**
20 **supply.**
21 Q. The oxygen content of the air being squeezed into Tony's
22 lungs was increased to 100 per cent?
23 **A. That's correct.**
24 Q. Then you wrote:
25 "Gases poor"?

1 **A. I did. I was referring to the ones that Mr Barham**
2 **described on Friday, which were taken on 60 per cent**
3 **oxygen, I believe.**
4 Q. Can we look at those just for a moment. Jyo, we will
5 come back to this entry. STH000000790009?
6 THE CORONER: Could you give me the hard copy reference,
7 please?
8 MS LAMBERT: Yes, it is behind tab 1 and it is three pages
9 in.
10 Which reference are you referring to here?
11 **A. I think I was referring to the ones done at 18:00, where**
12 **you've got a pO2 of 11.2 and a pCO2 of 4.33.**
13 Q. You are referring to blood gases, in other words,
14 a check of the oxygen content in Tony's blood, at around
15 about 6 o'clock?
16 **A. Yes.**
17 Q. Going back to your note, a nebuliser given because it
18 was thought that there may be a problem with spasm in
19 Tony's bronchi?
20 **A. Yes.**
21 Q. Then you say:
22 "Clinically bilateral pneumothoraces."
23 So you were obviously then aware that, clinically,
24 on both sides, the lung tissue had been compressed --
25 **A. Yes.**

1 Q. -- by the air gaining access to that skin around the
2 lung?
3 **A. Yes.**
4 Q. You then say this:
5 "Confirmed on X-ray."
6 **A. I believe that that's an error on my part, and that an**
7 **X-ray wasn't done at this point. As I say, I did write**
8 **these notes probably four hours later than this. I have**
9 **some clear memories of Tony on that day, and one of**
10 **the very clear memories I have is the speed at which we**
11 **reversed this situation. There wouldn't have been time**
12 **to do an X-ray. We would have had to wait a long time**
13 **for an X-ray on that day.**
14 **We acted very quickly. We were putting chest drains**
15 **in within minutes -- well, I wasn't, the doctors were,**
16 **and there would not have been time to do that X-ray.**
17 Q. Thank you for that. So you believe that that reference
18 to an X-ray having been taken to confirm the problem in
19 the lungs, you think that was a mistake that you made
20 because obviously you were writing these notes many
21 hours later --
22 **A. That's correct.**
23 Q. -- and doing your best to record relevant matters, and
24 you think you got that wrong?
25 **A. I think it's in the wrong place. He would have had an**

1 **X-ray to confirm that the lungs were reinflated and the**
2 **drains were well positioned.**
3 Q. But later?
4 **A. Much later.**
5 Q. "Bilateral chest drains inserted". That is to suck out
6 the air that's got into that skin around the lungs?
7 **A. That's correct.**
8 Q. Again, Mr Barham described those on Friday. You then
9 say:
10 "Immediate improvement in colour and ABGs", those
11 blood gases?
12 **A. Yes.**
13 Q. Oxygen then turned down to 50 per cent. If we go back,
14 Jyo, keeping this page on the left-hand side, to the
15 blood gas results, STH000000790009, we can see that at
16 7 o'clock there's an entry indicating in the "Action"
17 section on the right-hand side of the page that the
18 oxygen content had been taken back down to 50 per cent?
19 **A. That's correct, yes.**
20 Q. You then go on to say:
21 "Paralysed and sedated", and observations made:
22 "Now stabilised."
23 You go on to note various other measurements. Just
24 pausing there, if I may, Mrs Barlow, to try to
25 reconstruct some parts of what you have recorded in your

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1 note, you have a note here which appears to suggest that
2 Tony suddenly became blue following the insertion of
3 the central venous pressure line?
4 **A. It was shortly after, yes.**
5 Q. Shortly after that?
6 **A. Yes.**
7 Q. You also noted that gases were poor and there was
8 a diagnosis made of a lung problem?
9 **A. Yes.**
10 Q. There was then a confirmation of that lung problem and
11 correction of that lung problem via the chest drains?
12 **A. That's correct.**
13 Q. Are you able to assist us with how long it took
14 following Tony's condition deteriorating, his colour
15 changing, his blood gases becoming poor, how long
16 between his condition deteriorating and effectively the
17 problem being corrected?
18 **A. I can't tell you exactly. I know it was minutes.**
19 **I think -- the diagnosis of a bilateral pneumothorax was**
20 **made almost instantly. A pneumothorax is a recognised**
21 **complication of inserting one of those lines, and it is**
22 **one of the things that you were looking for whilst you**
23 **insert the line, both the doctor doing it and the nurse**
24 **assisting. So we were mindful of that.**
25 **The diagnosis was made clinically very quickly, and**

1 **I remember leaving Tony to go and fetch the kit to put**
2 **chest drains in, and that was kept within the intensive**
3 **care unit, in the same room.**
4 Q. So you didn't have far to go to get the drains?
5 **A. No. It is a room smaller than this, at that time.**
6 Q. Were you with Tony throughout this period?
7 **A. Yes.**
8 Q. There was no need for Tony to be anaesthetised for the
9 purpose of inserting those drains?
10 **A. He was already lightly anaesthetised by the use of**
11 **the pancuronium, which is a muscle relaxant, and the**
12 **midazolam and, latterly, the Omnopon, which is an**
13 **opiate. So he was sedated, but there was no further**
14 **anaesthetic. I think where he refers to "no**
15 **anaesthetic", he means no local anaesthetic at the site**
16 **of insertion, and we wouldn't have had time for that.**
17 Q. Trying to use your memory and reconstruction of events,
18 from that deterioration to the insertion of the chest
19 drains, you say a matter of minutes. Tell me if I am
20 taking you into areas that are pure speculation, but are
21 we talking about a period of 5 minutes, 10 minutes,
22 15 minutes, what's your best judgment, if you can give
23 me one?
24 **A. My recollection is less than five.**
25 Q. Less than five?

1 **A. Yes. I understand that there was a needle aspiration in**
2 **that. I can't remember that. But I know from the**
3 **documentation that it happened.**
4 Q. So we really are, so far as your recollection is
5 concerned, talking about a very short period of time,
6 indeed?
7 **A. Yes.**
8 Q. I understand you to be saying that that is consistent
9 with those around Tony being aware that one of the risks
10 of inserting this line was the possibility of Tony's
11 condition deteriorating?
12 **A. That's correct.**
13 Q. And you didn't have far to go in the unit to actually
14 get the kit to correct it?
15 **A. That's correct.**
16 Q. You have already told us that you went with Tony in the
17 ambulance to the Royal Hallamshire?
18 **A. Yes.**
19 Q. Do you go on to describe events in the ambulance?
20 **A. I can't remember events in the ambulance. As far as I'm**
21 **aware, he wasn't particularly unstable. I know in my**
22 **notes that I mention his heart rate drops transiently,**
23 **but I don't remember that.**
24 Q. Can I just ask you about that particular entry. It is
25 the only one that I need to take you to. You have

1 recorded -- Jyo, could you just point this out for us:
2 "HR 130. Dropped to 80 in the ambulance but
3 reverted spontaneously."
4 **A. Mmm-hmm.**
5 Q. So no need for you to do anything to restore the heart
6 rate?
7 **A. That's correct. But a heart rate of 80 is still normal.**
8 Q. So although it dropped, it wasn't a drop that caused you
9 any concern?
10 **A. No. I don't recall it doing.**
11 Q. You then go on to describe further drugs that were given
12 and some general observations also. If we could just
13 show the jury the second part of this note, please, Jyo,
14 suffix 77. I am not going to ask you any particular
15 questions about it, but it is a general note of drugs
16 given and the fact that neuro observations were
17 performed?
18 **A. Yes.**
19 Q. Mrs Barlow, can I take you to another document -- I am
20 sure you anticipate the document that I am going to take
21 you to -- just to see if you can help us. It is the
22 document that is after the blood gas results.
23 STH000000790010.
24 Are any of the entries on this chart in your
25 handwriting?

1 **A. They are. I am certain that 18:40 onwards is my**
2 **handwriting. I think possibly 18:00 is, too, but I'm**
3 **not absolutely certain.**
4 Q. Jyo, can I ask you to pivot this? Thank you.
5 We have the times, don't we, written on what is now
6 the right-hand part of our document as we look at the
7 screen. How accurate would those times have been?
8 **A. They would be accurate for when they were written, but**
9 **the observations at 18:40 above been written -- well,**
10 **the pleural drains would have been written after they**
11 **were put in and would not have recorded observations**
12 **while Tony was so unstable and we were needing to**
13 **deliver care. Hence the gap in observations.**
14 Q. So you appear to have recorded here pleural drains
15 between 18:40 and 18:50. Is that referring to the fact
16 that pleural drains were in situ rather than the time
17 when they were placed in Tony's chest?
18 **A. It does, yes. I feel that -- that's recorded at 18:40,**
19 **which is the first opportunity that I had to write any**
20 **observations after the emergency situation of putting**
21 **the drains in for the pneumothoraces.**
22 Q. So likely that the pleural drains were in fact inserted
23 some time before 18:40?
24 **A. Yes.**
25 Q. But on the basis of this document, difficult for you to

1 say precisely when they were inserted?
2 **A. I can't remember that, I'm sorry.**
3 Q. One further point, Mrs Barlow: as we understand
4 matters -- tell me if I am wrong -- when Tony was in the
5 cardiac intensive care unit, he would have been
6 monitored continuously; is that right?
7 **A. That's correct, yes.**
8 Q. What would have been your normal practice for recording
9 vital signs -- blood pressure, heart rate, and so
10 forth -- in the cardiac intensive care unit?
11 **A. Immediately following admission, every 15 minutes, and**
12 **that's what I would have strived to do. But once the**
13 **need to deliver care overtakes that, then they're**
14 **recorded when the opportunity arises.**
15 Q. The need to provide care, to go and get drains,
16 et cetera, that takes priority over recording?
17 **A. Absolutely, yes.**
18 Q. But would those in the room with Tony have been aware
19 continuously of his heart rate and his blood pressure
20 from the equipment around him?
21 **A. Yes.**
22 Q. Was there a pulse oximeter present on the cardiac ICU at
23 the time?
24 **A. I don't believe so. I can't remember exactly when they**
25 **were introduced. I know in my early career we didn't**

1 **have that equipment on the intensive care unit.**
2 Q. Just so we understand the significance of that, a pulse
3 oximeter is a device which will give immediately and
4 continuously the value of the oxygen content in the
5 blood; is that right?
6 **A. That's correct, yes.**
7 Q. You don't think that that was available in the ICU at
8 that time?
9 **A. I don't think so, no.**
10 Q. So in order to understand the oxygen content in the
11 blood, would that have involved blood having to be taken
12 and put into a machine?
13 **A. It would, to get accurate recordings, yes, but obviously**
14 **the clinical picture would give us an idea as well.**
15 Q. When you say "the clinical picture", you are referring
16 there to his colour?
17 **A. To his colour, possibly his cardiovascular observations.**
18 Q. And the other observations?
19 **A. Yes.**
20 MS LAMBERT: Mrs Barlow, thank you very much, indeed. Those
21 are my questions.
22 **A. Thank you.**
23 **Examination by MR BROWN**
24 MR BROWN: Good morning, Mrs Barlow. My name is Nick Brown
25 and I am asking questions on behalf of Tony's family.

1 As I understand it, you made your first witness
2 statement about your involvement with Tony on 1 October
3 this year.
4 **A. That's correct. Yes.**
5 Q. Presumably, you would accept that your memory may not be
6 perfect, looking back over all those years, and you may
7 from time to time perhaps be mistaken in what you think
8 you can recall?
9 **A. I would accept that, but that was a momentous day, it**
10 **was an incredibly sad day, and days like that, you do**
11 **have flashbacks of accurate memory, and there are things**
12 **that I remember well. There are things that I don't**
13 **remember well, too.**
14 Q. Perhaps we will look at a few of those in a minute.
15 What I am suggesting to you is, just as a matter of
16 commonsense, you would probably place greater weight on
17 the near contemporaneous note that you made on 15 April
18 at the Royal Hallamshire Hospital in the nursing records
19 we have been looking at than you would on your own
20 memory, if there is any difference between what your
21 memory is now and what's contained in those notes.
22 Would that not be sensible?
23 **A. That would be sensible, yes.**
24 Q. Your memory, looking at your witness statement, was that
25 Tony was actually the first casualty from Hillsborough

1 who was admitted into the ICU on 15 April?
2 **A. That's correct, yes.**
3 Q. Even if that may not be correct, and he may not have
4 been the first casualty, what you do remember, clearly,
5 is that there was bed space available, plenty of beds
6 available, for Tony when he was brought up onto the ICU
7 that night?
8 **A. He certainly was the first patient through the doors,**
9 **into the intensive care unit, and, yes, there was a bed**
10 **available.**
11 Q. Just thinking about how sometimes it can be difficult to
12 remember things, you said just now, in answer to
13 questions from my learned friend, Ms Lambert, that you
14 weren't sure that that first entry, the 18:00 entry, on
15 the observation chart was yours?
16 **A. I'm not 100 per cent sure, no.**
17 Q. But when you made your first witness statement just two
18 or three weeks ago -- we can go to it if you want, it is
19 on page 2 of that witness statement. The reference is
20 INQ000524590002. If we could enlarge the bottom half of
21 the page, and we are looking about six or seven lines
22 down from that, the beginning of that paragraph:
23 "I recognise some of the writing on the chart to be
24 mine and I can see my first entry is timed at
25 18:00 hours."

1 So two or three weeks ago, there didn't seem to be
2 any doubt in your mind that you had made the entry at
3 18:00 hours?
4 **A. At that point, it was the first time I'd been shown**
5 **those documents, and I do think that writing looks like**
6 **mine, but having looked at it again, I am not**
7 **100 per cent sure that it is mine.**
8 Q. There is no significance, potentially, in the fact that,
9 as you've said, you'd ordinarily expect your
10 recordings -- you to record the vital signs -- blood
11 pressure, and these sorts of details -- every 15 minutes
12 if something had not been happening?
13 **A. Sorry, could you repeat that?**
14 Q. I'm just wondering whether or not you've thought through
15 this, what happened that day, since, and if your
16 entry -- I mean, if you did make the original entry at
17 18:00 hours, then you'd have expected a further entry
18 made by yourself at about quarter past 6, about 18:15?
19 **A. I would.**
20 Q. The implication would be that something was happening at
21 about 18:15 that would prevent you from making that
22 entry?
23 **A. That's correct. I cannot remember the timings, but it's**
24 **around about then, and that would be the reason that**
25 **I wasn't making observations -- or documenting**

1 **observations.**
2 Q. Going back to the fallibility or possible fallibility of
3 your memory, your recollection, I think, when you did
4 this witness statement, you couldn't remember whether or
5 not Tony had been intubated before he was brought up
6 onto the intensive care unit; correct?
7 **A. In my mind, I can't remember that he did have an ET tube**
8 **in on arrival. I can see from my notes that he did.**
9 **But that's not something that I can remember, no.**
10 Q. I think if we look at page 3 of your witness statement,
11 you say that you have quite a vivid memory of actually
12 helping a consultant anaesthetist gown up in order to
13 insert this jugular line. Is that not correct? Perhaps
14 we should turn over the page. Jyo, it is suffix 3.
15 INQ000524590003.
16 If we could enlarge the middle paragraph, please?
17 **A. I didn't say a consultant anaesthetist, I said an ICU**
18 **anaesthetist.**
19 Q. Sorry, an ICU anaesthetist.
20 **A. I later, when I was giving my statement, did say to the**
21 **policeman, having read the notes, that I'm not convinced**
22 **it was an anaesthetist. It would be normal practice for**
23 **an anaesthetist to insert such a line. But it was**
24 **a case of, a doctor was present inserting that line.**
25 **I did, on the handwritten transcript, correct that, or**

1 **I certainly thought I had, at the time.**
2 Q. You read the witness statement through before you signed
3 it, presumably?
4 **A. Yes, and I signed -- from my recollection, we crossed**
5 **through "anaesthetist" later on in the statement and**
6 **said it was a doctor. I cannot remember the doctor.**
7 **I've made an assumption that it's an anaesthetist,**
8 **because that is normal practice.**
9 Q. You saw Mr Barham give evidence on Friday. You wouldn't
10 dispute the fact that he was the doctor who carried out
11 that procedure?
12 **A. I don't remember him per se, but, yes, if that's what**
13 **the evidence says.**
14 Q. Can we now look at the nursing record that you made at
15 the RHH. The reference is tab 129 in the bundle I have,
16 INQ000069910476.
17 If we look at the top half of the page -- I'm going
18 to start at "On arrival, unconscious and intubated". We
19 then have:
20 "Required pancuronium 4mg and midazolam 5mg to
21 ventilate. 50 per cent oxygen."
22 You then give the minute volume. You say gases
23 good?
24 **A. Yes.**
25 THE CORONER: We have been through all this, Mr Brown.

1 MR BROWN: Okay. There is a reason for it.
2 Then you say:
3 "Arterial line inserted. Heart rate 133. Blood
4 pressure 125/70."
5 If we can compare that over with the observation
6 chart that we have been looking at, which is tab 99,
7 STH000000790010, we can see on the left-hand side of
8 the observation chart the reference to intravenous
9 midazolam being given and intravenous pancuronium being
10 given, 5mg and 4mg respectively, and it looks that that
11 is at about -- is that 5.25 pm? It is not your
12 handwriting, as I understand it.
13 **A. It is not. I think that's what it says, but I'm not**
14 **sure.**
15 Q. If we go up the chart and look at the entry for 17:45,
16 we can see that the blood pressure is 125 over 70, so,
17 again, pretty accurate when you are making your notes,
18 good, accurate recollection.
19 Then if we switch back to the nursing notes, you can
20 see that you have recorded that Tony was catheterised,
21 and then there is the drug that was given, and then:
22 "? Aspirated, alcohol + semi-digested food on ET
23 suction."
24 **A. Yes.**
25 THE CORONER: You want the jury to follow all this,

1 Mr Brown, so we had better take it so that they can
2 follow what you are pointing to. Do you want the
3 pointer at the screen?
4 MR BROWN: Yes, please.
5 Jyo, could you highlight the passage from
6 "Catheterised" down to "food on ET suction".
7 We looked at it on Friday with Mr Barham, but
8 Mr Barham, again, in his notes, confirmed that there was
9 aspiration recorded in his notes. So, again, it looks
10 as if you're accurate.
11 On Friday, Mr Barham told us that the incident when
12 Tony's condition deteriorated took place sometime
13 between 18:00, when he recorded the blood gas results,
14 the first blood gas results we have been looking at,
15 when he noted the increase -- well, he actually
16 increased the proportion of oxygen that Tony was
17 receiving and the rate of ventilation because of Tony's
18 pO2 levels -- do you remember hearing that evidence? --
19 **A. I do, yes.**
20 Q. -- and about 18:30, when he made the note.
21 **A. Yes.**
22 Q. You would say that you would ordinarily have expected
23 these notes to have been made every 15 minutes in the
24 observation chart?
25 **A. The observations, yes, not the notes, in the nursing**

1 **context.**
2 Q. Sorry, the observation -- entries in the observation
3 charts of the vital signs. Yet we have got a gap here
4 between the entry at 18:00 and 18:40, suggesting there's
5 a potential period when Tony may have been in -- well,
6 urgent to treat Tony because of his deteriorating
7 condition, for up to 40 minutes, according to the
8 observation chart?
9 **A. There is a gap of 40 minutes, but the whole of that**
10 **40 minutes wasn't occupied in regaining oxygenation.**
11 **Initially, I was assisting with putting the central line**
12 **in, helping the anaesthetist. It then became apparent**
13 **that the pneumothoraces had occurred, and that's when**
14 **the situation became more urgent. So, yes, for**
15 **40 minutes I was occupied, but he wasn't hypoxic for**
16 **40 minutes, according to his colour and his**
17 **cardiovascular status, which is all I had to go on at**
18 **that time.**
19 Q. We know Mr Barham is involved in treating Tony, because
20 he's recorded the blood gas result at 6 o'clock, so we
21 know he's involved at that stage?
22 **A. Yes.**
23 Q. He told us on Friday that it would only take him a few
24 minutes, 15 minutes, perhaps, he estimated, for him to
25 insert the catheter, to insert the central venous line,

1 to insert the jugular line, undertake all three
2 procedures, and you are saying that it was pretty soon,
3 almost immediately afterwards the insertion of
4 the jugular line, that Tony's condition deteriorated.
5 So we are looking at quite a considerable period, just
6 going by the notes, when his condition -- he could have
7 been hypoxic, he could have been in a period of
8 respiratory compromise?
9 **A. Between 6.00 and 6.40 -- I didn't record the**
10 **observations because I spent my time assisting the**
11 **doctor in caring for Tony. Although it would only take**
12 **him 15 minutes to insert that line, there's a period of**
13 **preparation that I would have been involved in, I would**
14 **have been involved in ensuring that the drugs to keep**
15 **Tony comfortable were drawn up and available and being**
16 **delivered. So there's a period of time before that**
17 **central line was inserted. I don't know what time it**
18 **was inserted. I cannot remember that. I know once it**
19 **was inserted, his condition deteriorated fairly quickly.**
20 **But I don't know how early in that period of time that**
21 **it was inserted.**
22 Q. We have got two references to the central venous
23 pressure being high. We have got the first reference in
24 your nursing record, of it being at 33?
25 **A. Yes, I can see that.**

1 Q. And we have got a second reference, as we understood it
2 from Mr Barham on Friday, to it being 26?
3 **A. That's correct.**
4 Q. So sustained different figures over a period. It is not
5 just one snapshot of it being up at 33?
6 **A. I can't remember why I've written 33 or where that**
7 **number has come from, because it is clearly not on the**
8 **observation chart, and I have no recollection of it**
9 **being 33. I can only go on what's written on the**
10 **observation chart.**
11 Q. That first entry for it being 33 was before Tony
12 suddenly became blue, so right at the beginning of
13 the process?
14 **A. I can't remember.**
15 Q. Well, that would be according to your note, just if we
16 follow it through chronologically, your note in the
17 nursing records. Do you want to look at it again?
18 **A. It would --**
19 Q. Perhaps it is best -- sorry, Jyo -- if we just get that
20 central note -- we may need to increase the size. Go
21 slightly lower down the page. From "? Aspirated",
22 about eight lines down, to "O2 reduced 50 per cent".
23 **A. Looking at that, it looks as though the CVP was 33**
24 **immediately, but I cannot remember it being 33 or when**
25 **that was.**

1 Q. Then, if we read on:
2 "Oxygen increased to 100 per cent."
3 You have then written "Gases poor"?
4 **A. Yes.**
5 Q. You said today that you could remember that that
6 referred back to the gases which Mr Barham recorded at
7 18:00. Is that really likely?
8 **A. There aren't any other gases there that I would say in**
9 **context are poor. So it can only be those.**
10 Q. Is it not much more likely that you were referring to
11 the gases at the time of the period of deterioration,
12 after he had significantly deteriorated, and that
13 actually the mistake is that those gases were never
14 recorded?
15 **A. I don't believe we would have had time to take them.**
16 **I don't believe the gases were taken in that period.**
17 **But I can't remember.**
18 **Blood gases are printed out on a sheet, and that**
19 **would have been transcribed into the notes. We don't**
20 **record them from memory. I can't see why they wouldn't**
21 **have got transcribed onto that chart.**
22 Q. But there wasn't time. Can we just look at the blood
23 gas results that we do have. Jyo, sorry to be awkward,
24 if you could bring up on the right-hand side of the page
25 STH000000790009.

1 Can I just ask you to look at this set of results.
2 Mr Barham said that he was responsible for the 18:00
3 entry and the 19:00 entry?
4 **A. Yes, he did.**
5 Q. Is that your handwriting for the untimed entry?
6 **A. It isn't, no. I don't recognise that.**
7 Q. So you can't help us with when that was?
8 **A. I'm sorry, I can't.**
9 Q. Sorry to switch you back -- I realise I'm juggling you
10 about a little -- could we go back to the nursing
11 records. You have then written "nebuliser".
12 **A. I have.**
13 Q. That, again, is accurate, we know from Mr Barham's note,
14 because he has recorded -- we probably don't need to
15 bring this up -- "Bronchospasm. Start terbutaline", ie,
16 start the nebuliser?
17 **A. Yes.**
18 Q. Presumably, that was a process that took at least
19 a little time to identify this as a problem, to get the
20 nebuliser, to try the nebuliser, to see whether or not
21 it was having some form of effect?
22 **A. That would have been a first line, to try and achieve**
23 **better oxygenation. Drugs like that are readily**
24 **available on intensive care. I wouldn't have had to go**
25 **and fetch them from anywhere, they would have been in**

1 **the drawers at the bedside, along with the kit to**
2 **deliver the nebuliser. It would have been immediate.**
3 **Whilst I was starting that nebuliser the process of**
4 **assessment by the doctor would have been taking place.**
5 **It would have been a continuous process.**
6 Q. Then we come to possibly the key three lines in this
7 nursing record:
8 "Clinically bilateral pneumothoraces."
9 **A. Yes.**
10 Q. This is what you have written, and apparently in
11 chronological order:
12 "Confirmed on X-ray."
13 Ie, it would appear, on the face of your record,
14 that that is the next event:
15 "Bilateral chest drains inserted. Immediate
16 improvement in colour and ABGs."
17 **A. That is what I've written.**
18 Q. You're writing this note within three hours of this
19 incident, approximately, when you get to RHH. The same
20 evening. How could you possibly make an error -- you
21 have said frankly today, "Well, it was clearly written
22 in error" -- how could you, frankly, make an error like
23 that just three hours after the event?
24 **A. I just think I've got the chronology wrong and I'm**
25 **talking about the X-ray that was taken after the drains**

1 **were inserted. I don't remember if an X-ray was taken.**
2 **What I do remember is the very short space of time we**
3 **took to treat Tony with the chest drains, and we**
4 **wouldn't have had time.**
5 Q. Isn't it because if X-rays had been taken, you would
6 have taken quite a considerable period of time to do
7 that, and, therefore, Tony would have been exposed to
8 this period of hypoxia for longer than he ought to have
9 been. Is that not what is guiding your suggestion that
10 this was clearly written in error?
11 **A. I don't believe so. I believe, if we had have waited**
12 **for an X-ray with the situation as it was, Tony would**
13 **have deteriorated far more rapidly and would have**
14 **suffered a cardiac arrest. You've got a bilateral**
15 **tension pneumothorax. If we'd have waited the**
16 **20 minutes or longer that it may have taken to get**
17 **a portable X-ray, he would have arrested. He would have**
18 **deteriorated far greater.**
19 Q. You're a very experienced nurse now, aren't you?
20 **A. I am now, yes.**
21 Q. You were really quite a junior nurse at the time?
22 **A. I was.**
23 Q. Mr Barham was really quite a junior doctor?
24 **A. He was, but neither of us were alone in our actions.**
25 **There were senior doctors and senior nurses present at**

1 **the time.**
2 Q. None of whom have made notes of what happened?
3 **A. I can't --**
4 Q. Of them being involved in what happened?
5 **A. I can't account for why senior doctors didn't write**
6 **a summary. But so far as intensive care nursing is**
7 **concerned, I was the primary nurse for Tony. Therefore,**
8 **I was responsible for writing those notes. Nobody else**
9 **would have got involved with that. We clearly did**
10 **record some observations at the time, they were present,**
11 **but they wouldn't have written the notes. It's routine**
12 **practice for the nurse caring for the patient to write**
13 **those. In addition to that, I was the only nurse at the**
14 **Hallamshire with him.**
15 Q. What I am suggesting to you is, isn't it really likely
16 to be the case that this near contemporaneous note that
17 you wrote that very same evening is much more likely to
18 be accurate than your memory is now?
19 **A. I accept what you are saying, but the period of his**
20 **deterioration is one of the things that I can remember**
21 **well. I can remember when he came through the door, and**
22 **I can remember this period of deterioration clearly.**
23 **I also know, if we'd have left him 20 minutes, he**
24 **wouldn't have survived.**
25 MR BROWN: Mrs Barlow, thank you very much. I have no

1 further questions.
2 Examination by MR MYLONAS
3 MR MYLONAS: Mrs Barlow, my name is Michael Mylonas. I act
4 for the hospitals. I have three areas to ask you short
5 questions about.
6 Firstly, there was reference to continuous
7 monitoring, which might have suggested there was
8 continuous monitoring by machinery. On the ICU, how
9 many patients did you have oversight for on that day?
10 **A. On that day, only Tony.**
11 Q. When you have responsibility for a patient on the ICU,
12 how much of your time is spent by the patient and how
13 much of your time is spent elsewhere on the ward?
14 **A. With the exception of going to fetch the kits to put the**
15 **central line in and the chest drains, which was in the**
16 **same room, I was there all of the time.**
17 Q. So in terms of responding to any deterioration, can we
18 assume that any response would be immediately the
19 deterioration is noticed?
20 **A. Yes.**
21 Q. Secondly, as to blood pressure monitoring, is that
22 instantaneous or is that something that you have to take
23 a cuff out and monitor each time?
24 **A. No. Once there's an arterial line inserted, you have**
25 **a continuous readout of the patient's blood pressure.**

1 **The ones prior to the arterial line would have been**
2 **recorded on a cuff. But once it was in, continuous.**
3 Q. We know you have recorded a fair amount of detail --
4 blood pressure, heart rate, and so on. There is no
5 suggestion that his blood pressure dropped to
6 a concerning level as a result of the deterioration that
7 you have documented?
8 **A. I think it dropped to just above 100, from what**
9 **I remember of the observation chart, which, again, is**
10 **lower than it had been but it's within a normal range.**
11 THE CORONER: I think that's correct, isn't it, on the
12 observation chart?
13 MR MYLONAS: It is. It is 100/50, I think.
14 The final issue: the suggestion being put to you by
15 Mr Brown, just so we are entirely clear about this, is
16 that, having noticed this deterioration in Tony, you and
17 the doctors around you would have waited I think up to
18 about 20 minutes for an X-ray to be carried out before
19 you resuscitated him. Even as a junior doctor [sic],
20 how likely do you think you would have been to wait for
21 that period of time before responding to that sort of
22 emergency?
23 **A. We would respond immediately.**
24 MR MYLONAS: Thank you very much.
25

Examination by MS LAMBERT

MS LAMBERT: Just one point, Mrs Barlow, concerning your note and the error that you have very candidly accepted that you made in your note concerning clinical bilateral pneumothoraces confirmed on X-ray. What we were told by Mr Barham on Friday is that that lung problem was in fact confirmed by needles being inserted into Tony's chest.

A. That is the way that it would normally be diagnosed. I don't remember that happening, but yes.

Q. Do you think it is possible that when you came to make up your notes sometime later, you recollected that there was some clinical confirmation of the existence of this lung problem before the chest drains were inserted; what you have got wrong is the fact that that was done with an X-ray as opposed to with the needles?

A. I think that's possible, yes.

MS LAMBERT: Mrs Barlow, thank you very much, indeed. No further questions from me.

THE CORONER: Thank you, Mrs Barlow.

(The witness withdrew)

MS LAMBERT: May I call, please, Dr Jerry Stock. Tab 106.

DR JEREMY GUY LOUIS STOCK (sworn)

Examination by MS LAMBERT

MS LAMBERT: Can I ask you to confirm for me that you are Jeremy Guy Louis Stock; is that correct?

A. Correct.

Q. Dr Stock, you were, in 1989, a consultant anaesthetist at the Sheffield Area Health Authority; is that correct?

A. It's correct.

Q. On 15 April 1989, were you working at the Northern General Hospital?

A. Yes. I had responsibilities as a consultant in the Northern General and at the Royal Hallamshire Hospitals.

Q. During the course of the afternoon of 15 April, were you at the Northern General?

A. I did attend. I wasn't on duty. I wasn't on call. But I, at some point, became aware of the disaster that had occurred and I went in spontaneously, because I felt that I could be of assistance.

Q. Did you go to the cardiac intensive care unit?

A. I have -- I'm afraid I have no clear recollection of what time I attended the hospital or where I went. But I believe that I went to the cardiac intensive care unit.

Q. Dr Stock, can I ask you -- you will appreciate the form -- to go to the notes that you made concerning Tony Bland.

A. Yes.

Q. They are, sir, behind tab 2 of our bundle, immediately following Mr Barham's notes. There are two pages, or just over two pages of notes.

Dr Stock, they will come up on your screen.

A. Okay, thank you.

Q. INQ000103860008. If we could maximise the handwritten entry. I would just like to take you to some parts of this note, Dr Stock, if I may --

A. Okay.

Q. -- and ask you, first of all, to confirm they are in your handwriting?

A. That is correct.

Q. We see your signature at the bottom right-hand side of the screen; is that right?

A. Correct.

Q. The timing of this note is half past 7.

A. Yes.

Q. Would that have been the time that you started making the note?

A. With regard to this note, yes. I believe it would have been.

Q. "Discussion with D/W neurosurgical registrar."

Is that referring to a discussion with a neurosurgeon at a different hospital?

A. It is.

Q. Is that the neurosurgical oncall team at the Royal Hallamshire Hospital?

A. It is.

Q. "Clinically hypoxic brain injury. Requires scan to exclude focal lesion. Will arrange scan. Ambulance booked. Unless he requires neurosurgery to transfer back to the CICU at Northern General Hospital."

A. Yes, that's what I wrote.

Q. So you have a discussion with the neurosurgical registrar on call at the Royal Hallamshire Hospital and describe your impression of the existence of a brain injury caused by oxygen deprivation?

A. That is correct. That was the presumption at this time.

Q. After discussion with the neurosurgeon, requires some imaging of his brain, a scan, to exclude -- now, you say a focal lesion. Is that --

A. Yes -- sorry, I beg your pardon.

Q. Well, you tell us in a sentence what a focal lesion is?

A. Well, in this context, we want -- it would be necessary to exclude, for example, any evidence of brain or head trauma or an intracranial or cerebral bleed.

Q. Are you referring there to some injury to the brain in a specific part of the brain?

A. Yes.

1 Q. "Will arrange scan", that's the neurosurgical registrar
2 will arrange the scan?
3 **A. Yes.**
4 Q. And an ambulance is booked. There were no scanning
5 facilities at the Northern General Hospital at the time,
6 hence the need for his transfer to the
7 Royal Hallamshire?
8 **A. That's absolutely correct. At that time, there was no**
9 **such scanner available in the Northern General Hospital,**
10 **so it was necessary to transfer Tony in order that he**
11 **could have that radiological procedure.**
12 Q. So he was being transferred so that an imaging procedure
13 could be performed on his brain, and the intention was
14 that, if he needed neurosurgery, he would stay at the
15 Royal Hallamshire; if he didn't, he would come back to
16 the Northern General?
17 **A. I don't recollect that in any detail, but that's what**
18 **I wrote at the time, so that would have been the**
19 **discussion.**
20 Q. You then go on to describe Tony's condition at the time.
21 He was on a ventilator, and the chest drains which we
22 know were inserted by Mr Barham to drain off the air so
23 that the lungs could re-expand were still in place?
24 **A. Yes.**
25 Q. You also describe that Tony's oxygenation or the oxygen

1 content in his blood was reasonable?
2 **A. Yes. I described the blood gases on 100 per cent oxygen**
3 **at 19:00 hours, and that the oxygen level -- they were**
4 **sufficiently good that it was acceptable to reduce**
5 **the -- "FiO2" is a medical abbreviation for inspired**
6 **oxygen, so it was reduced from 100 to 50 per cent, 0.5.**
7 Q. Moving on then to suffix 9, please, is this right, you
8 then wrote a short summary to go with Tony so that the
9 doctors at the Royal Hallamshire Hospital have an
10 understanding of the relevant parts of his history?
11 **A. Yes. I should point out that I don't recall with any**
12 **clarity writing that note. But on reading it numerous**
13 **times since July of this year -- I should point out that**
14 **I hadn't seen this note for 26 years -- but on reading**
15 **it and re-reading it, it is clear to me that it is**
16 **written by me, most certainly, and it is a summary note**
17 **for the purposes of informing the team at the receiving**
18 **hospital of a summary of what had occurred.**
19 Q. So it is a summary note of his clinical history at the
20 hospital?
21 **A. It is.**
22 Q. Written by you?
23 **A. Correct.**
24 Q. You write:
25 "Summary of presentation/treatment."

1 You start off with his history in ward 60:
2 "Initial presentation - semi-conscious, breathing
3 spontaneously, moving all limbs, good circulation."
4 Then a reference to his CNS, his central nervous
5 system, "at that time pupils small and equal", an
6 increase in the tone of his muscles, moving limbs but in
7 a non-purposeful way?
8 **A. That is what I have written, yes.**
9 Q. Clearly, your description of his condition in ward 60
10 troubling?
11 **A. Yes.**
12 Q. Semi-conscious. An increase in the tone of his muscles,
13 which is not a good thing?
14 **A. No, that he was, yes, semi-conscious -- I have written**
15 **semi-conscious, you know, unconscious and not making any**
16 **purposeful response, and an increase in muscle tone**
17 **would all be, yes, worrying signs from the point of view**
18 **of brain function.**
19 Q. You then go on to describe his deterioration in ward 60?
20 **A. I've summarised it, yes.**
21 Q. "Deterioration in respiration over 5-10 minutes.
22 Reviewed by thoracic surgeons. ? Pneumothorax - needle
23 aspiration both sides" -- is that right? --
24 "Mid axillary area, NAD [no abnormality detected].
25 Clinically inadequate respiration, therefore intubated."

1 Were you present on ward 60 when this procedure was
2 performed?
3 **A. I'm sorry, I don't recall. I have no memory that I was**
4 **present at that time.**
5 Q. If you weren't present on ward 60 when Tony's condition
6 deteriorated, how would you have come by this
7 information?
8 **A. I would have to have taken this information from talking**
9 **to anaesthetic and non-anaesthetic colleagues who were**
10 **present. But I'm afraid I have no memory of those**
11 **discussions.**
12 Q. So you can't help us as to whether or not you were there
13 on ward 60 and this came from your own knowledge, but if
14 you weren't there, you would have spoken to somebody and
15 obtained this account?
16 **A. Yes. I had no spontaneous recollection of attending**
17 **Tony in ward 60, and even re-reading the notes many,**
18 **many times, I still retain -- I still have no such**
19 **memory, so I cannot say that I was present.**
20 Q. Any corrections that you would wish to make to that
21 note?
22 **A. As I don't recall being there and I don't recall making**
23 **the note, there are no corrections that I would offer,**
24 **no.**
25 Q. Then you go on to describe in your note how the

1 intubation was performed --
2 **A. Yes.**
3 Q. -- with a particular form of tube.
4 **A. Yes.**
5 Q. The fact that there was no relaxant and no drugs given,
6 no time to get them drawn up:
7 "Good colour. Initial gases good. Circulation good
8 throughout. No hypotension", no drop in blood pressure?
9 **A. Yes.**
10 Q. Then you refer to the X-ray in A&E?
11 **A. Yes.**
12 Q. Again, we are on ward 60. You describe, either through
13 your own involvement or through speaking with others,
14 that there had been an intubation in ward 60, obviously
15 as a matter of urgency, because no muscle relaxant had
16 been used?
17 **A. That's correct. I feel that I would have documented**
18 **that because it was unusual to have intubated without**
19 **the use of muscle relaxant and a small -- probably**
20 **a small dose of a hypnotic or sedative drug as well,**
21 **which indicated to me that there was a degree of**
22 **urgency, and I think that's something that I would have**
23 **wanted to convey in the summary.**
24 Q. The reason why you might want to use drugs to sedate
25 Tony is because there may have been some residual airway

1 reflexes which, if they'd been triggered, would have
2 made intubation difficult?
3 **A. Yes, that's correct. The use of a muscle relaxant would**
4 **be normal, and actually intubation could be very tricky**
5 **without it and could have led to a serious problem. One**
6 **would normally give a small -- even in an unconscious**
7 **patient, a small dose of a hypnotic or sedative to**
8 **prevent a -- or to help minimise a rise in blood**
9 **pressure on passing the endotracheal tube.**
10 Q. Could we draw any conclusions from the fact that no
11 muscle relaxant was used as to the person who performed
12 this intubation? Let me be perhaps more precise: given
13 that no relaxant was used because there was no time,
14 would you have expected this procedure to have been done
15 by an anaesthetist, rather than a more general
16 surgeon --
17 **A. Yes.**
18 Q. -- than a surgeon?
19 **A. In inexperienced hands -- it is a procedure which**
20 **requires a good deal of skill, and I would feel sure**
21 **that it would have been done by an anaesthetist.**
22 Q. Then:
23 "God colour. Initial gases good. Circulation good
24 throughout. No hypotension."
25 The suggestion is that there was a deterioration in

1 Tony's condition over a period of up to 10 minutes. It
2 was recognised. The thoracic surgeons came to view him
3 and review Tony. The possibility of this problem with
4 the lungs was raised. Tony was then intubated as
5 a matter of emergency, but overall circulation was
6 maintained throughout and there was no drop in his blood
7 pressure.
8 **A. I must emphasise that I don't have clear recollections**
9 **of all of those points, but that's exactly as I've**
10 **summarised it, yes.**
11 Q. So although a worrying event, nonetheless in terms of
12 Tony's condition, you're suggesting that his circulation
13 was maintained throughout?
14 **A. Yes.**
15 Q. I am not going to ask you about the X-rays in A&E. You
16 then describe "Transfer to the CICU"?
17 **A. Yes.**
18 Q. And the insertion of the -- Jyo, can I just ask you to
19 maximise the bottom half of the page, because it is --
20 I hope you will agree with me, Dr Stock, not your fault,
21 but because of the photocopies that we are all working
22 from, it is quite difficult to read?
23 **A. Yes.**
24 Q. "Transfer to CICU."
25 Reference to an NG tube, a nasogastric tube. What's

1 the purpose of that?
2 **A. That would be standard in a patient to --**
3 Q. What's the purpose?
4 **A. The purpose is to allow emptying of the stomach**
5 **contents, draining of the stomach contents.**
6 Q. Is that something different from the aspiration we heard
7 referred to by Mrs Barlow a moment ago?
8 **A. Yes, it is. I believe that was referring to aspiration**
9 **of the endotracheal tube, that's the tube in the**
10 **windpipe. This is a tube passed --**
11 Q. Through the nose?
12 **A. -- through the gullet into the stomach.**
13 Q. Then you go on:
14 "Right internal jugular CVP."
15 **A. Yes.**
16 Q. So there is an "R" with a circle around it, "internal
17 jugular CVP", central venous pressure line?
18 **A. Yes.**
19 Q. Again, we heard that referred to by Mr Barham on Friday
20 and again, obviously, by Mrs Barlow this morning, a line
21 that is inserted to facilitate measurements of vital
22 signs?
23 **A. Yes.**
24 Q. In part?
25 **A. In part, yes.**

1 Q. Then you go on to write:
2 "NM block."
3 That is right?
4 **A. Yes, that stands for neuromuscular. It is an**
5 **abbreviation I would use, personally, regularly and**
6 **implies the use of a muscle relaxant drug.**
7 Q. For the purposes of the insertion of the central venous
8 pressure line?
9 **A. No, no, there is a confusion there. That is not**
10 **required for the insertion of the jugular line; it is**
11 **required to help control ventilation.**
12 Q. You then refer to sedation?
13 **A. Yes.**
14 Q. There are lots of drugs that you refer to on the
15 right-hand side of the page. I'm not going to take you
16 through those.
17 **A. Right.**
18 Q. Others may do so, but I am not going to do so. Then you
19 say this:
20 "Immediately" -- is it "post jugular line"?
21 **A. Yes, "Immediately post jugular line insertion ..."**
22 Q. "... colour deteriorates"?
23 **A. Yes.**
24 Q. That's the arrow down?
25 **A. Yes.**

1 Q. So he turns blue?
2 **A. That's what I've recorded.**
3 Q. Then there is an arrow going upwards?
4 **A. Yes.**
5 Q. What are the two words after that?
6 **A. It says "Inflation", "infl" with a little N. That's my**
7 **abbreviation for inflation. "Increased inflation**
8 **pressure". This would refer to the increased pressure**
9 **required for the ventilator.**
10 Q. That's what Mr Barham was talking about on Friday where,
11 when he realised there was a problem with Tony, he
12 adjusted the controls --
13 **A. Yes.**
14 Q. -- or the values on the ventilator?
15 **A. Correct.**
16 Q. "Wheeze on expiration". Is that correct?
17 **A. Yes.**
18 Q. "Wheeze on exp ..."?
19 **A. Yes, "Expirn", expiration, abbreviation again.**
20 Q. Then we have the little triangle. Does that mean
21 diagnosis?
22 **A. Yes, for me that means diagnosis.**
23 Q. "[Both sides] biliteral pneumothoraces under tension"?
24 **A. Yes.**
25 Q. So again, on both sides, that problem with the lung

1 tissue being compressed:
2 "Both sides chest drains with immediate relief."
3 **A. Yes.**
4 Q. "Blood gases just before chest drainage."
5 Then there is a couple of words that I've always had
6 difficulty in reading.
7 **A. Yes. It is unclear, particularly on the photocopy.**
8 **What the note actually says -- it says "NB" and two**
9 **underlines. I forget what the Latin stands for, but**
10 **"note well", and that refers to the remaining three**
11 **lines.**
12 THE CORONER: NB, is it?
13 **A. Yes.**
14 THE CORONER: Nota bene.
15 **A. Nota bene, yes, sorry.**
16 MS LAMBERT: "[Something] okay"?
17 **A. Yes. So it then reads:**
18 **"Blood gases just before chest drainage were okay",**
19 **full stop.**
20 Q. "Were okay"?
21 **A. Yes:**
22 **"Hypoxic insult at this time was extremely brief and**
23 **there was no hypotension."**
24 **That's no low blood pressure.**
25 Q. Then you go on over the page to describe further

1 management and I don't need to take you to that. So you
2 are describing there that event in the CICU that we
3 discussed with Mr Barham and Mrs Barlow over the course
4 of today and on Friday.
5 Were you present during this event in the CICU?
6 **A. I'm sorry, I have no clear recollection of that.**
7 **I cannot say with any certainty that I was or that**
8 **I wasn't.**
9 Q. So far as you were aware, were you involved in the
10 insertion of the chest drains or giving any instructions
11 to anyone?
12 **A. I don't believe I was. In my practice -- I'd been**
13 **a consultant for a little over three years by then.**
14 **I wasn't involved in cardiothoracic work or intensive**
15 **care. I wasn't used to putting in chest drains. I had**
16 **done them as a trainee. I think it is very unlikely**
17 **that, if I was present, I would have done them because**
18 **there were people there who would have been able to do**
19 **it more quickly. But I have no recollection of being**
20 **there when the chest drains were inserted.**
21 Q. But the key lines are:
22 "Hypoxic insult at this time was extremely brief and
23 there was no hypotension."
24 Let's assume for a moment that you weren't there.
25 What would have been the basis or the source of that

1 information?
2 **A. The source of the information would have been discussion**
3 **with those who were there. I would have had an**
4 **opportunity to speak to Carol Barlow, the nurse who was**
5 **attending Tony continuously, and any other doctors who**
6 **had been involved specifically. Mr Barham clearly was,**
7 **by his own acceptance.**
8 Q. Would you have considered it necessary, in making this
9 note for transfer, to speak to those who were involved
10 in this event in CICU?
11 **A. I would certainly have spoken to the intensive care**
12 **nurse involved, because she was the person who would**
13 **have been there continuously.**
14 Q. So possibly not Mr Barham, but certainly Mrs Barlow?
15 **A. I would accept that -- I believe that in my practice**
16 **I would have spoken to both, but I am quite certain that**
17 **I would have spoken with the attending nurse.**
18 Q. The reason why I ask you about the source of that
19 information is this: because if one looks at the
20 records, one wouldn't have been able, necessarily, to
21 draw that conclusion, would one?
22 **A. I would accept that.**
23 Q. I'm not going to take you to the charts and to the other
24 documents that we have looked at, but you would accept
25 that, looking at those charts, one wouldn't have been

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1 able to gauge that that period of hypoxia was very
2 brief?
3 **A. I would accept that.**
4 Q. So it must have come from -- if you weren't there -- one
5 of those people who were there. Would that be fair?
6 **A. Yes, that's my view.**
7 Q. If the hypoxic insult had been rather more than brief,
8 and if in your judgment it may have led to a period,
9 a significant period, of reduced brain oxygenation,
10 would you have recorded that in this transfer note?
11 **A. If I'd been made aware in any way of a longer period of**
12 **instability and possible -- possibly hypoxia, yes,**
13 **I certainly would have recorded it.**
14 Q. Dr Stock, just continuing your note, suffix 10, and to
15 look at the final paragraph of this note, if we may,
16 "Imp", is that impression?
17 **A. Yes, clinical impression.**
18 Q. Clinical impression prior to transfer:
19 "Hypoxic brain injury.
20 "Chest injury - [both sides] bilateral
21 pneumothoraces.
22 "Possible aspiration. Thick secretions and food
23 noted in pharynx.
24 "Bruising in left arm."
25 The reference to possible aspiration, referring

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1 there to events on ward 60 or events on the CICU?
2 **A. I have no clear recollection of where that piece of**
3 **information -- you know, the source of that piece of**
4 **information. It is more likely that it was observed on**
5 **ward 60, in my opinion. It's the sort of thing that an**
6 **anaesthetist might have observed at the time of**
7 **intubation, but that is my speculation.**
8 Q. Just one or two further points from me, Dr Stock. We
9 can take the note off the screen.
10 Dr Stock, we heard from Mrs Barlow that the CICU was
11 not oversubscribed, it was not busy that afternoon?
12 **A. Yes, I heard.**
13 Q. Is that something that you are able to confirm from your
14 own recollection, or not?
15 **A. I don't have a clear recollection of that. I'm not able**
16 **to confirm that or disagree with it.**
17 Q. If that is right, there would have been no reason why
18 Tony could not have been transferred straight from the
19 A&E department to CICU? If that is right.
20 **A. Yes, if that is correct, there is no reason.**
21 Q. Thinking back to practices in 1989 -- and I am asking
22 you this question because you are an anaesthetist --
23 with a patient who was deeply unconscious, not
24 responsive to painful stimuli, and who had laboured
25 breathing + +, albeit spontaneous, would you have

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1 expected such a patient, absent an emergency situation,
2 to have been intubated and ventilated and taken to CICU?
3 **A. I would have expected the patient to be intubated and**
4 **ventilated. They wouldn't necessarily have to have gone**
5 **to the cardiac intensive care unit, because there was**
6 **a general intensive care unit as well. I have no**
7 **recollection as to whether that was full at the time.**
8 **The cardiac intensive care unit was a unit that**
9 **existed really for patients who'd undergone elective and**
10 **emergency cardiothoracic surgery, so it was a second**
11 **such unit in the hospital, sightly unusual --**
12 Q. If that unit wasn't busy, it would have been a safe
13 haven for Tony to be cared for and intubated and
14 ventilated and monitored?
15 **A. Yes.**
16 Q. In 1989, as I say, absent emergency circumstances, you
17 would have expected somebody in Tony's condition on
18 admission to be taken there or in the event that the
19 other ITU was not available?
20 **A. I would have expected it, but it would be contingent on**
21 **the patient having been reviewed by an anaesthetist.**
22 **It's not the sort of decision that would have been made**
23 **without an anaesthetic review. The patient would have**
24 **probably needed to be intubated -- in fact, I would say**
25 **they would have needed to be intubated and controlled**

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ventilation commenced before transfer, for safety reasons, and it's clear to me, after hearing some of the evidence on Friday, that the situation before I arrived at the hospital was extremely unusual. I'm not clear in my mind at what point an anaesthetist saw Tony.

Q. Again, setting aside the emergency context for a moment, an anaesthetist should have been called to see Tony in A&E?

A. That's what I would have expected.

Q. If, for whatever reason, Tony had found his way to ward 60, there should have been an instruction for an anaesthetic review on ward 60?

A. Yes.

Q. With a view to intubation and ventilation?

A. Yes.

Q. What time did you arrive in the hospital?

A. I'm afraid I don't have any clear recollection of that at all. I know that it was -- it has to have been later in the afternoon, but beyond that -- you know, I think it may have been late afternoon/early evening, but that's just a very vague impression, I'm sorry.

Q. You wouldn't have expected in 1989 a casualty such as Tony to have been simply given 15-minute neurological observations?

A. Could you clarify that for me? In the intensive care unit or --

Q. No, sorry, my fault. On ward 60.

A. No, I don't think I would, no.

Q. Dr Stock, one other thing: so far as you can remember, was there pulse oximetry available on the CICU?

A. I have tried very hard to remember that fact. I didn't work in the cardiac intensive care unit regularly, so it's difficult -- I'm trying to remember whether --

Q. If you don't know --

A. I don't know, but I do know we didn't have it widely available in all locations in the hospital at that time.

MS LAMBERT: Dr Stock, thank you very much, indeed.

Examination by MR BROWN

MR BROWN: Good morning, Dr Stock. My name is Nick Brown and I'm asking questions on behalf of Tony's family.

The first matter I wanted to ask you about was, when you were making the sort of summary of Tony's presentation and treatment at the Northern General Hospital in preparation for his transfer, to what extent did you rely or look at the existing medical records that were available for Tony at that time, or to what extent did you rely on word of mouth, what you were told?

THE CORONER: It depends what he can remember, doesn't it,

Mr Brown?

MR BROWN: Well, can you help us with that?

A. I can't help you, really, because I don't have any substantial memory of my actions on that day. I don't recall to what extent it was based on discussion and to what extent it was done on reading the observations. So I'm unclear, I'm sorry.

Q. The reason I ask this initially is -- sorry, we got your summary note. It is perhaps easiest to bring it up immediately. INQ000103860009. Right at the top, the first four or five lines, the top third of the page, if we bring that up, you can see "In ward 60. Initial presentation", and then you've written the word "semi-conscious"?

A. Yes, I have.

Q. We know from all the medical evidence and medical records that no-one suggested at any time during his time at the Northern General Hospital that Tony was anything other than unconscious, I think my learned friend used the words "deeply unconscious", "not responsive to painful stimuli". You can't help us with --

A. I can't help you. I think it is poor terminology on my part. I am not in any way suggesting that I have any recollection of Tony being -- I wasn't there, but

I never heard any description of him being anything other than unconscious.

Q. You were a consultant back then, a consultant anaesthetist?

A. I was a consultant then, yes.

Q. Is it really likely that it was a poor choice of phraseology on your part or possibly the problems of oral information being passed on from one person to another, that what is reported is not necessarily accurate?

A. I can't exclude the fact that that may be incorrect.

Q. Could we go down the page, Jyo, to about the middle third, because I'm particularly interested in the passage, "Circulation good throughout":

"Good colour (initial gases good).

"Circulation good throughout -- no hypotension."

This was your understanding of Tony's condition in ward 60 after the period of respiratory compromise?

A. Yes. That's a description of Tony's condition after the intubation had been carried out.

THE CORONER: In ward 60?

MR BROWN: In ward 60.

Who on earth would have been available to you to give that information when you're writing -- if you're writing this note some time after 7.30 in the CICU?

1 **A. I'm quite clear in my mind that there were a number of**
2 **anaesthetists present in the hospital, and I'm sure that**
3 **I would have taken the opportunity to discuss it with**
4 **them. But I don't recall the names of any of**
5 **the individuals who were attending at the time.**
6 Q. Just focusing in on those words "no hypotension", can
7 I ask you to look at the observation chart, please,
8 which, Jyo, is at STH000000790010, and specifically
9 looking at the entry for 5.30 pm, because one of
10 the things we have got there is the blood pressure
11 doesn't seem to have been recorded, does it?
12 **A. No.**
13 Q. So, actually, at this crucial time, after this first
14 period of respiratory compromise, we have got no blood
15 pressure recorded?
16 **A. There's no recording of it.**
17 Q. There is a gap between the 5 o'clock entry and the 5.30
18 entry and the first recorded further blood pressure is
19 at 5.45; is that correct?
20 **A. Yes.**
21 Q. There is a gap throughout that 45-minute period?
22 **A. Yes. Part of that, from -- based on reading the other**
23 **notes that were written at the time, would be during**
24 **transfer from ward 60 to the cardiac intensive care**
25 **unit.**

1 Q. Right. Which seems to have taken place at about 5.30?
2 **A. Yes.**
3 Q. But, I mean, is the truth of the matter that you really
4 have no idea as to the extent to which Tony's condition
5 deteriorated on ward 60?
6 **A. I have no memory of that --**
7 THE CORONER: Mr Brown, I think the position is clear. The
8 notes that Dr Stock made were made on the basis of what
9 he was told by one or more people.
10 MR BROWN: The difficulty is, you don't know the primary
11 facts at all.
12 THE CORONER: That's where we are.
13 MR BROWN: You have no idea about the primary facts, the
14 reliability of the information that was passed on to
15 you?
16 **A. No, but I have no reason to have doubted it.**
17 Q. Just looking at your note, crucially, you noted that
18 there was clinical inadequate respiration. But you
19 can't help us for how long that period was, except to
20 say that the manner in which Tony was intubated
21 suggested that this was a real emergency situation?
22 **A. It was certainly an urgent situation that required**
23 **a skilled anaesthetist to carry out an intubation.**
24 Q. So that you think that after the thoracic review
25 following a period of five to ten minutes'

1 deterioration, and after they'd carried out this needle
2 aspiration procedure, another doctor would have to have
3 been found, probably a consultant anaesthetist?
4 **A. I can't say. I wasn't there and I don't have any**
5 **recollection.**
6 Q. You can't help us as to what the indications were for
7 suspecting a pneumothorax at that time?
8 **A. I can't say what was in the minds of the people who were**
9 **present at that time, but there was a suspicion of**
10 **fractured ribs. I know that was subsequently disproved.**
11 **But certainly, in that situation, one would have**
12 **a reduced threshold for suspecting pneumothorax.**
13 Q. You can't comment on whether or not they should have
14 suspected that the underlying problem here was that Tony
15 had aspirated some of his regurgitated stomach contents?
16 **A. Well, that's a possibility, and they may have been**
17 **thinking of both at the same time.**
18 THE CORONER: He can't take it any further, Mr Brown.
19 MR BROWN: I understand. Moving on to your note about what
20 happened on the CICU --
21 THE CORONER: Are you going to be very much longer, because
22 we ought to have the break? I am rather anxious to
23 complete Dr Stock's evidence, if at all possible.
24 MR BROWN: I will be a few more minutes.
25 THE CORONER: We will have our break, members of the jury.

1 (11.53 am)
2 (A short break)
3 (12.06 pm)
4 THE CORONER: There is a question, Ms Lambert. There is no
5 reason why I can't read it out straight away. I think
6 it can undoubtedly be answered:
7 "Could intubation without appropriate relaxant drugs
8 have caused a gag reflex which might then have resulted
9 in the aspiration of stomach contents?"
10 MS LAMBERT: Professor Menon, I have no doubt, will be able
11 to deal with that question when he is called in a little
12 while.
13 THE CORONER: That's what I would have thought. Members of
14 the jury, the question will be answered --
15 Professor Menon is going to be giving some expert
16 evidence about all these topics. Perhaps this could be
17 copied and then copies provided.
18 MR BROWN: Mr Stock, moving on to the CICU and the period of
19 respiratory compromise that Tony suffered there, as we
20 understand it, we can effectively bookend the period
21 with Mr Barham's evidence interwoven with the
22 observation chart and Nurse Barlow's evidence, but at
23 the start is Mr Barham's evidence that there was some
24 deterioration when he took the blood gas results at
25 6 o'clock, because that's why he increased both the

1 percentage of oxygen and rate of ventilation at that
2 stage, even though pO2 levels were normal.
3 **A. Yes, I heard him say that.**
4 Q. At the other end, you have got his note written at about
5 18:30, when he records his notes of the incident that
6 took place?
7 **A. Yes.**
8 Q. Then we have got Nurse Barlow's evidence, where she says
9 that she would have expected to be doing -- recording
10 checks in the observation chart every 15 minutes. She
11 hasn't got an entry for quarter past 6, and her next
12 entry is at 18:40. Correct?
13 **A. Yes, I heard her explain that. It would be entirely**
14 **normal for a critical care nurse and critical care**
15 **doctors to be focusing on the patient rather than**
16 **documenting it at the time.**
17 Q. But the reason why they are focusing on the patient is
18 because he needs to be focused on, and, therefore, if
19 they are focusing on him throughout that period, it
20 suggests a relatively long period, doesn't it, for them
21 to need to focus on him?
22 **A. As I understood, part of the time was taken with what**
23 **were relatively routine procedures: the insertion of**
24 **the monitoring lines.**
25 Q. Mr Barham said that those routine procedures would not

1 have taken more than a few minutes -- 15 minutes I think
2 is what he eventually said. So it still leaves quite
3 a long period, doesn't it, much more than five minutes?
4 **A. My experience it is that it can take longer to put these**
5 **lines in. You don't always take note of the precise**
6 **times of starting and finishing insertion of lines.**
7 **I must say, as an anaesthetist over the years, I've**
8 **known it to take longer than that. There is time to**
9 **prepare as well. Some of these procedures are done as**
10 **sterile procedures and the nurses have to prepare an**
11 **open sterile pack, all at the bedside, so the patient is**
12 **still being continuously observed. I think it is very**
13 **difficult sometimes to be precise about timings in that**
14 **situation.**
15 Q. So you weren't there, Mr Barham was there. He's given
16 his evidence.
17 THE CORONER: Well, you asked him, Mr Brown, so don't attack
18 him for answering.
19 MR BROWN: I put the point to him that that evidence had
20 been given. What we are left with is a relatively long
21 period of time. What we are also left with is a period
22 between 18:00 and 18:40 when in fact we have got, again,
23 no record for Tony's blood pressure during that period,
24 even though you have put "no hypotension" in your note;
25 correct?

1 **A. Yes.**
2 Q. In your note, and perhaps we should have it up again,
3 INQ000103860009. Jyo, it is the bottom part of
4 the page, the last few lines highlighted, thank you.
5 Again, in your list or summary of what happened
6 during this period of deterioration, you make no mention
7 of the fact that there was a suspected bronchospasm or
8 that a nebuliser was used, do you?
9 **A. I have noted "wheeze on expiration".**
10 Q. But you haven't mentioned the use of a nebuliser, have
11 you?
12 **A. No.**
13 Q. So, again, what we have got in your summary note is that
14 it is incomplete, if we look at the other available
15 evidence, isn't it?
16 **A. I think it records the most important information that**
17 **I felt necessary to communicate to the receiving team.**
18 Q. But the importance, isn't it, of someone suspecting that
19 the problem might be bronchospasm, and fetching and then
20 administering a nebuliser is, all of that would have
21 taken time and possibly extended the time during which
22 Tony's respiration was compromised. Is that not
23 correct?
24 **A. Sorry, I don't understand your question.**
25 Q. If, as is the case, Mr Barham suspected bronchospasm and

1 arranged for a nebuliser to be fetched and then
2 administered a nebuliser, all of that would have taken
3 some time, wouldn't it?
4 **A. It certainly would have taken some time, but I heard**
5 **Nurse Barlow describe that, as soon as there was**
6 **a change in colour, pneumothoraces were suspected and**
7 **promptly drained.**
8 Q. The overall point I am making is that -- you have
9 summarised the position on the information that you have
10 been given, and that information, at least in that
11 instance, is clearly not complete, is it, or it hasn't
12 been completely summarised by you?
13 **A. I don't think I can comment on that. The summary which**
14 **I wrote 26 years ago is what I wrote. I did it in all**
15 **good faith at the time.**
16 Q. Finally, at the time when you wrote this note, you would
17 not have had available to you the nursing records, would
18 you, because they hadn't been written at that stage?
19 **A. No, it would have been necessary for me to rely on**
20 **verbal handover.**
21 MR BROWN: Dr Stock, thank you very much. I have no further
22 questions.
23 MS LAMBERT: Dr Stock, nothing further from me, thank you
24 very much.
25 THE CORONER: Nor from me, Dr Stock. Thank you very much.

1 indeed.
2 (The witness withdrew)
3 MS LAMBERT: Sir, may I move on now to call Dr Howe, and we
4 may just take a moment to set up the videolink because
5 Dr Howe is in Australia.
6 THE CORONER: Is it better for me to adjourn for a moment
7 and for the jury to leave for a moment?
8 MS LAMBERT: Perhaps very briefly.
9 THE CORONER: Let's hope this works speedily, members of the
10 jury.
11 If you would like to just leave for a moment and we
12 will sort out the participants in the conference.
13 (12.15 pm)
14 (A short break)
15 (12.19 pm)
16 DR JAMES GORDON HOWE (affirmed)
17 Examination by MS LAMBERT
18 MS LAMBERT: Dr Howe, I am Christina Lambert. I am
19 instructed on behalf of the coroner. I am going to ask
20 you some questions to start off with.
21 May I ask you to confirm that you are
22 Dr James Gordon Howe?
23 **A. I am, indeed.**
24 Q. You are speaking to us from Melbourne in Australia?
25 **A. Correct.**

1 Q. Dr Howe, you have already got the statement that you
2 made recently, on 20 September 2015 -- sir, behind
3 tab 130 of our bundle -- I think you have got that open
4 in front of you, Dr Howe?
5 **A. I do.**
6 Q. Dr Howe, just so the jury understand where you fit into
7 Tony's picture, you were the consultant in charge of
8 Tony's care during his admission to Airedale Hospital?
9 **A. Correct.**
10 Q. So we have missed out, just for the moment, one link in
11 Tony's story, because, Dr Howe, just so that you
12 understand, we have just been hearing evidence
13 concerning Tony's experiences in the Northern General
14 Hospital. From there, he went on to the Royal
15 Hallamshire Hospital. But he was transferred into your
16 care at the Airedale Hospital on 12 May 1989?
17 THE CORONER: That being where, Ms Lambert?
18 MS LAMBERT: That was the Airedale Hospital.
19 THE CORONER: In ...?
20 MS LAMBERT: In Yorkshire, Keighley. Is that correct?
21 **A. That's correct.**
22 Q. Dr Howe, just a word or two about your professional
23 background. Is it right that between July 1983
24 and June 1995 you were engaged at the Airedale NHS Trust
25 as a consultant geriatrician, but during that time, you

1 opened and ran a rehabilitation unit for younger
2 disabled people and provided a neurology clinic for
3 older people and a neurology consultation service to the
4 wards?
5 **A. I did, indeed.**
6 Q. Is it also right, Dr Howe, that you were something of
7 a specialist in the condition persistent vegetative
8 state?
9 **A. I think that's a bit strong. I'd seen a few patients,**
10 **that's all.**
11 Q. In a sentence or two, if you may, could you describe
12 that condition for us?
13 **A. It's a condition of unawareness, yet the person's eyes**
14 **are open, they have sleeping and waking cycles. They**
15 **are not able to eat or drink or interact with people.**
16 **Depending on how well they are looked after and their**
17 **age and general fitness, people can live for a very long**
18 **time.**
19 THE CORONER: Do forgive me, Dr Howe. It is the coroner
20 speaking. I'm afraid it is breaking up a bit. I don't
21 know whether -- I'm not quite sure what the answer to it
22 is. I don't know, if you speak more closely to the
23 microphone, whether that will help. I am just not sure.
24 **A. Okay, I'll sit a little closer.**
25 THE CORONER: That is better, thank you.

1 MS LAMBERT: Yes. We could only hear a little of what you
2 said, Dr Howe. Again, the question was, in a sentence
3 or two, could you describe the condition persistent
4 vegetative state for us, please?
5 **A. Yes, it is a condition of complete unawareness in which**
6 **the person's eyes are still open, they have sleeping and**
7 **waking cycles, they are unable to eat or drink, although**
8 **they can, to some extent, swallow saliva. They are**
9 **unable to move, to interact with their environment.**
10 **They can live like that for a long time, depending on**
11 **how well they are looked after, and their age and**
12 **general level of fitness at the time of the brain**
13 **damage.**
14 Q. So you told us that the patient's eyes would be open,
15 they might have a sleeping and waking cycle, but they
16 are unable -- such patients are unable to interact in
17 any way with those around them?
18 **A. That's correct.**
19 Q. Are they aware of what is going on around them?
20 **A. Not at all. The pathology evidence and other evidence**
21 **from EEG show that the parts of the brain which are**
22 **necessary for awareness are destroyed.**
23 Q. Moving on to Tony Bland, what was his condition
24 following his admission to Airedale in May 1989?
25 **A. He was in a vegetative state --**

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1 THE CORONER: Forgive me, Dr Howe. If you keep forward,
2 I think that is a bit clearer than if you move back.
3 MS LAMBERT: I was asking you, Dr Howe, about Tony's
4 condition on arrival. If we look together at what you
5 wrote in your statement to the Operation Resolve team,
6 page 8 of 17, did you say this:
7 "Tony arrived at Airedale in the afternoon."
8 You examined him at 6 o'clock. He had
9 a tracheostomy tube in situ, so a tube in his throat,
10 and various other tubes and catheters to permit drainage
11 of fluids:
12 "His eyes were opening spontaneously."
13 Do you see that?
14 **A. Yes, that's correct. Yes, yes, I have got that.**
15 Q. "No eye contact. No response to visual menace. He
16 grimaced. His respiratory rate increased. There was
17 flexion of all four limbs to peripheral painful
18 stimuli."
19 **A. Yes.**
20 Q. I have just picked out certain parts of what you have
21 written in your statement. Would you like to add to
22 that in any way?
23 **A. No, I think that's a good enough description of what he**
24 **was like.**
25 Q. Was Tony in a persistent vegetative state upon his

1 arrival at Airedale?
2 **A. He was. He was in a vegetative state. Technically, we**
3 **don't use the term "persistent" until a longer time has**
4 **passed. Most authorities would consider it to be**
5 **persistent after one year.**
6 Q. So from his arrival at Airedale, he had no awareness at
7 all of his surroundings?
8 **A. We couldn't see anything to suggest that he had.**
9 Q. Moving on, Dr Howe, to Tony's course in hospital, is it
10 right that it was by no means straightforward in this
11 sense, that Tony suffered from a number of infections?
12 **A. Correct.**
13 Q. Respiratory tract infections, urinary tract infections
14 and various other problems?
15 **A. That's correct.**
16 Q. That was notwithstanding a very high level of care?
17 **A. I think that's correct, yes.**
18 Q. Not just from you and your medical team, but also from
19 a wide range of therapists?
20 **A. Yes.**
21 Q. Physiotherapists and speech therapists called upon to
22 assist with swallowing, and also care from Tony's
23 family?
24 **A. That's correct.**
25 Q. Is it right, Dr Howe, that Tony's underlying condition

1 did not change?
2 **A. It did not at all during the time that he was with us.**
3 Q. He never became conscious; is that right?
4 **A. That is correct.**
5 Q. Notwithstanding your team's best efforts?
6 **A. Yes.**
7 Q. He remained unresponsive?
8 **A. Yes.**
9 Q. Is this right, Dr Howe, that a difficult decision was
10 made jointly by the family and the treating clinical
11 team that life-prolonging treatment, including
12 artificial nutrition and hydration, should be withdrawn?
13 **A. That was our feeling, yes.**
14 Q. Were a number of experts, independent experts, called
15 upon to assess Tony?
16 **A. They were. That was at the request of the High Court,**
17 **when the Trust made an application to withdraw**
18 **treatment.**
19 Q. You've beaten me to it. The decision that was made
20 jointly by the family and the clinicians that
21 life-prolonging treatment should be withdrawn involved
22 you going to court?
23 **A. That's correct.**
24 Q. Indeed, it is right, isn't it, that the case, as
25 described, went to the House of Lords?

1 **A. It did, indeed.**
2 Q. Following the decision of the House of Lords, was life
3 support then withdrawn?
4 **A. It was.**
5 Q. And artificial nutrition and hydration?
6 **A. That's right.**
7 Q. Is it right that Tony in fact died in 1993, on 3 March?
8 **A. Yes.**
9 Q. So after some years in your care?
10 **A. Yes.**
11 MS LAMBERT: Dr Howe, thank you very much, indeed. Those
12 are my questions. There may be some further questions
13 from Mr Wilcock, who sits behind me.
14 **A. Thank you.**
15 **Examination by MR WILCOCK**
16 MR WILCOCK: Dr Howe, as you have heard, I represent the
17 Bland family. Can you see me?
18 **A. I can see you. Yes.**
19 Q. I think you will agree with me that you got to know the
20 Bland family well over the nearly four years that you
21 and your team cared for Tony. Is that right?
22 **A. That is, indeed, right, and I remain in contact with**
23 **them to this day.**
24 Q. You will therefore know that they -- you won't be
25 surprised they have specifically asked me to make clear

1 their appreciation for all the skill and care that both
2 you and your team devoted to caring for Tony in the four
3 years that he was with you. But having done that, can
4 I just ask a few questions, just to make clear their
5 role in the process and the events that followed and
6 clear up a few other matters.
7 First question: can you confirm that throughout the
8 period Tony was at your hospital, Allan, Barbara and
9 Angela did everything they possibly could to help Tony?
10 **A. They did, indeed. In fact, Mr Bland even hopped into**
11 **the physiotherapy pool to help the physiotherapist when**
12 **he was having stretches and so on in the pool.**
13 Q. The reason it was necessary for him to have those
14 stretches in the pool is that, over the years that Tony
15 was at the hospital, as a result of his condition his
16 limbs contracted, didn't they?
17 **A. That's correct. That's what always happens to such**
18 **injuries.**
19 Q. So that by 1992, Tony's arms were lightly flexed across
20 his chest?
21 **A. Tightly flexed, yes.**
22 Q. Lightly flexed?
23 **A. Tightly.**
24 Q. Tightly.
25 **A. I thought you said "lightly". Tightly.**

1 Q. Tightly flexed across his chest. His right leg was
2 extended at all joints and his left leg was flexed and
3 internally rotated at the hip, flexed at the knee and
4 extended at the ankle. Is that a fair description?
5 **A. That's correct.**
6 Q. Are you able to describe --
7 **A. It is.**
8 Q. -- what that description meant in other terms than the
9 ones I have just used?
10 **A. One of the most important things it means is there is**
11 **great difficulty in maintaining hygiene. At, for**
12 **instance, the elbow flexure, if you can see me on the**
13 **screen, and in the armpits and the groin, because the**
14 **limbs are so tightly pressed together.**
15 Q. In addition to the work in the pool, is it right that
16 the family regularly visited, sitting by his bedside,
17 stroking him and playing him tapes of his favourite
18 music?
19 **A. Indeed, that's correct. Somebody was with him every**
20 **single day of the time that he was with us at Airedale.**
21 Q. During the time the family did that, did Tony make any
22 response to questions or commands?
23 **A. Not that any of us ever saw.**
24 Q. Did he make any purposeful movement or show any sign of
25 interaction with his environment to those who were

1 tending for him?
2 **A. Not at all.**
3 Q. I'm sorry, I didn't hear the answer to that?
4 **A. Not at all.**
5 Q. You've spoken about one of the symptoms of persistent
6 vegetative state being that people still have a sleeping
7 and waking cycle. Is it right --
8 **A. Yes.**
9 Q. -- that Tony's eyes were open?
10 **A. Yes, for a good part of the day, his eyes were open.**
11 Q. But they would be unfocused?
12 **A. That's right. People in a vegetative state have what**
13 **they call moving conjugate eye movement.**
14 Q. What does that mean?
15 **A. The eyes are aiming in parallel, but roving around**
16 **purposelessly, never fixing on any particular object in**
17 **the environment.**
18 Q. That would have been Tony's presentation throughout the
19 time his family were visiting, would it?
20 **A. That's right, yes.**
21 Q. So does it follow that Tony would never have made any
22 form of eye contact with his visitors?
23 **A. None at all.**
24 Q. He would be fed --
25 **A. Or in a chair. We'd get him out into a chair as well.**

1 Q. He would have been fed through his nose?
2 **A. Yes.**
3 Q. And is it right that Allan in fact sometimes used the
4 vacuum drip and suction device to clear part of Tony's
5 throat when he choked --
6 **A. Yes, that's right.**
7 Q. -- or did not swallow saliva --
8 **A. Correct.**
9 Q. -- or when there was a regurgitation of his liquid feed?
10 **A. Yes, that would be true.**
11 Q. Would it be correct to say that from the beginning you
12 spoke to Mr and Mrs Bland about what the outcome for
13 Tony might be?
14 **A. Yes. At the beginning, I told them what we were going**
15 **to do and what we hoped might happen, because some**
16 **patients with brain injury will recover from the**
17 **vegetative state, but as time passed, it became clear**
18 **that there weren't going to be any improvements, and it**
19 **was obvious to everybody concerned with his care, his**
20 **family included.**
21 Q. Did you tell the family that, to your knowledge, there
22 were no cases of good recovery from persistent
23 vegetative state after one year?
24 **A. That's right, yes. At that time, we had data from the**
25 **US Coma Data Bank which -- somewhere around 600 patients**

(inaudible).

Q. After about three to four months, when it became apparent there was no improvement, did you begin to discuss the fact that there can be no improvement in patients with this condition with Mr and Mrs Bland?

A. I did.

Q. Was it in that context that you started the process which eventually ended with the House of Lords declaring in 1993 that you and your colleagues could lawfully discontinue all life-sustaining treatment?

A. That's right.

Q. When did it first become clear to you that the courts would have to be involved in that process?

A. Well, it first became clear when I contacted Mr Popper and outlined to him what we planned, and he wrote a letter pointing out that, as the law stood in England and Wales, I would be risking the charge of murder.

Q. Do you agree that when it first became clear that the courts would have to be involved, the Blands were unwilling to your hospital trust making the necessary application?

A. Yes, that's right. They didn't -- they had great difficulty understanding why it should have to be like that.

Q. You have subsequently written, haven't you, that the

family's sadness at the circumstances they found themselves in since the disaster was so profound that they just could not contemplate further involvement with authority. Is that still your recollection?

A. Yes, it is. I think that's correct. The process of going to court, when we eventually got there, was in fact quite traumatic for them.

Q. I think that is nearly predictable, and we will come to it in a minute. But you told us that, up until 1993, Tony suffered many symptoms, including recurrent respiratory tract infections, recurrent urinary tract infections, but did he also suffer from various penile infections as a result of the catheters?

A. The urinary tract infection eventually developed a fistula from his perineum to the tract, so as well as having the catheter in his bladder, urine was also draining through the fistula in his perineum.

Q. Was it necessary, in the course of that process, to make an incision into Tony's scrotum?

A. Yes. My colleague, Mr Appleyard, did that in theatre.

Q. Was that done with or without anaesthetic?

A. It was done without a general anaesthetic.

Q. Did Tony make any behavioural response to that incision?

A. Mr Appleyard reported to me that he made none at all.

Q. Was it partly as a result of that that you were able to

persuade Mr and Mrs Bland to let Airedale Trust make the required application sometime in 1992?

A. Yes. The episode with the fistula was -- at first, we had thought maybe we shouldn't treat the fistula straight away and we spoke to a lawyer who was recommended to us through the Regional Health Authority's solicitor, and his advice was that, since this was a very minor procedure, we really ought to go ahead with it. During the course of those discussions, it became clear to Mr and Mrs Bland that, really, it would be best to go ahead with the court application.

Q. The court application involved appearances in the Family Court, the Court of Appeal and the House of Lords, did it not?

A. Yes. No witnesses appeared in the Court of Appeal and the House of Lords, but the four expert witnesses and myself gave evidence at the application.

Q. Having heard that evidence and reviewed it on appeal, permission was given to withdrawing the treatment as you and your team sought; is that correct?

A. That's correct.

Q. In one of the judgments, Sir Stephen Brown stated that if the withdrawal you and your team proposed took place, Tony Bland would, himself, be totally unaware of what was taking place. Do you agree with that?

A. I do. My observations after we withdrew treatment were that there was no change in his responses at the beginning of that time after we'd withdrawn treatment.

MR WILCOCK: Thank you very much. Can I again thank you on behalf of the family for the support you have given them over the years.

THE CORONER: Thank you, Mr Wilcock.

Thank you very much, Dr Howe. Thank you very much, indeed. Thank you for giving evidence.

A. Thank you.

(The witness withdrew)

THE CORONER: I think what we might do is take our break now, Ms Lambert, and resume at 1.30 pm.

MS LAMBERT: Certainly, sir.

THE CORONER: Shall we do that, members of the jury?

(12.43 pm)

(A short break)

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