

# STATEMENT OF WITNESS

STATEMENT OF: JOANNA MITCHELL

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"):

OVER 18

To be completed when the statement has been written.

I declare that this statement consisting of 12 pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

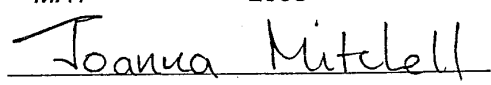
Dated this 20

day of MAY

2003



SIGNATURE OF MEMBER by whom statement was recorded or received

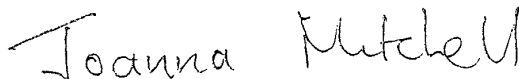


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Conor was born on the 12 October 1987 after an apparently normal birth with epidural assistance for approximately the last hour. However, the umbilical cord was around Conor's neck twice and I remember the Consultant saying, "You naughty boy", but there was no further mention of this. Conor weighed 7lbs 6oz and was a beautiful and healthy baby. We were concerned at about 5 months of age that Conor was not holding his head well and seemed to have visual problems when he wasn't looking to the left. At approximately 6 months our GP said Conor was blind but then a CAT Scan revealed that Conor had a brain injury. The visual problem was neurological. Within two or three weeks Conor, my mother and I were registered at a private neurological rehabilitation clinic in Somerset practising the Glen Doman method of therapy. Within three months Conor's vision was excellent and he was tracking and seeing in all directions. The regimen we followed was continued for approximately 4 years and Conor did make progress but we were constantly looking for something more obviously effective. We then had a David Hart walker for Conor which gave him a degree of independent mobility. After this we did a long course of Hyperbaric Oxygen, Inflatable Limb Splints, Homoeopathic Ayurvedic Therapy from

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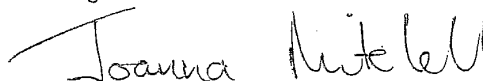
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India, Tomatis Sound Treatment from France and Amino Acid Therapy in Cyprus for 2 years. Our good friend, Linda Scotson, also the mother of a boy with Cerebral Palsy, was our guide and inspiration through these therapies, all of which Conor thoroughly enjoyed. Eventually, last August we embarked on ANR Therapy which Linda had researched thoroughly and had developed from a previous therapy. The results were very exciting and approximately 100 families are getting extremely encouraging results from ANR. This therapy concentrates on gentle pressure around the diaphragm increasing blood supply to the body and normalising contractions in the trunk, thus allowing for proper placement of the arms and legs. Conor had mild Epilepsy and was taking Epilim (600mg 5 times a week, 400mg 2 times a week). Conor's seizures were absences where he would either have stared for a while or looked to the right or the left. These could last for between perhaps a few seconds to three minutes. Since working on Conor's diaphragm his respiration was greatly improved thus reducing the frequency of seizures. Until Conor's admission to hospital he had had only three small seizures since before Christmas, all typical little stares. These only occurred when Conor had over-exerted himself due to his exuberance and delight in crawling. Conor was extremely intelligent, loved maths, science, poetry and exciting stories. Through home teaching and facilitated communication he passed his eleven plus exam when he was 10. The result was an 'A' pass. Conor did not have formal speech but his ability to communicate non-verbally was excellent. Conor had recently started to crawl and was well on the way to creeping. Conor required physical assistance when eating and when going to the bathroom, though he was fully continent. In spite of his disability Conor was extremely healthy and his only prior visit to hospital since birth was to have his Epilim requirements assessed at age 3. Conor never had the flu, tummy

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bugs or diarrhoea and rarely succumbed to the common cold. Conor was last prescribed antibiotics seven or eight years ago for an ear infection. Although Conor was small for his age (although aged 15 Conor had the physique of an 8-9 year old and weighed approximately 25 kilos on admission to hospital), he was physically very strong and had great determination for independence and showed great enthusiasm for all high speed sports and games.

Sunday 27 April 2003

Prior to his admission to hospital, Conor had been suffering from an infection of the ears and throat accompanied by vomiting. Conor first vomited on Sunday 27 April.

Monday 28 April 2003

On the morning of the 28 April Conor complained of a sore throat. Dr Patterson attended from the Moores Lane Surgery, Lurgan and stated that Conor's throat and left ear were pink. He advised Paracetamol to treat a typical upper respiratory infection and this was given.

Wednesday 30 April 2003

On the evening of 30 April, Conor was taken to the out of hours clinic at Moylinn and examined by Dr Pickering, who said that Conor's ears and throat were very red. She advised that a course of antibiotic might be helpful. A week's course of Penicillin was started that night.

Thursday 1 May 2003

On the morning of the 1st May Conor appeared a little better. Dr Pickering was contacted again by telephone to confirm that Conor did not have Tonsillitis. In the afternoon Conor vomited again. I rang and spoke to Dr Patterson, who said that he thought that the antibiotic was a bit too strong for Conor and that we should try something with a bit less Penicillin in it. Amoxycillin, in yellow liquid form, was prescribed. He said that if Conor proved unable to

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keep fluids down then he thought that a stay in hospital would be advisable to prevent dehydration. I asked the amount of fluid that should be administered to Conor to prevent dehydration. Dr Patterson stated that food consumption was not as important as assuring an adequate supply of fluids. Dr Patterson stated that Conor should receive 30ml of water orally per hour. This advice was taken and Conor was administered this amount of fluid per hour until the day before he was administered to hospital, when he had begun to drink more normally. Dr Patterson said he would call the following day to see how Conor was. Throughout the days leading up to Conor's admission to hospital his temperature was regularly monitored and never exceeded 37.9 degrees Centigrade.

Friday 2 May 2003

Just before midday on Friday 2 May Dr Doyle from the Moores Lane surgery called. Conor appeared significantly improved. Dr Doyle checked Conor's ears, throat and chest and stated that the ears and throat were clear. She said that Conor would be tired for the next few days and would sleep more until fully recovered. By late Friday afternoon Conor had vomited again bringing up water and yellow liquid, after which the Amoxicillin was stopped. The out of hours clinic at Moylinn was contacted again and Dr Wilson stated that it wasn't necessary to force water into Conor but for him to have an analgesic and rest for a few hours before trying to consume more water. Dr Wilson stated that it would take at least 48 hours for Conor to dehydrate seriously as long as his hydration had been reasonable beforehand.

Saturday 3 May 2003

Conor appeared quite a bit better. Still vomiting up the remains of the yellow antibiotic. Still receiving 30ml of water per hour. Had some yoghurt to eat.

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Sunday 4 May 2003

Slight vomiting of remaining antibiotic. Conor was very tired. His stomach was upset and he suffered from hiccups and burps. Had some yoghurt to eat.

Monday 5 May 2003

Conor appeared much better and was not sleeping during the day as much. Slight vomiting, but consumed some soup and kept down fluid. At this stage Conor was receiving 5ml of water every 5 minutes (60ml/hour).

Tuesday 6 May 2003

Conor started to eat more normally. Still extremely tired. I spoke to Dr Patterson who said that the infection that Conor had caught had been rife in the local area and that the effects could last for up to 14 days. Dr Patterson said that in his opinion Conor's symptoms were typical of this type of viral infection. That night Conor urinated in bed, which was very untypical, and when his underwear was changed a cream coloured residue was observed. I rang the doctor on call at the out of hours clinic at Moylinn at approximately 3.30 am and in his opinion the residue was from Conor's bladder as a result of him not being well.

Wednesday 7 May 2003

Conor was still improved. Still receiving 5ml water every 5 minutes and small amounts of food. From late that evening he seemed to be in periodic discomfort, marched his legs and arched his back as if trying to escape the discomfort. We thought that he was stiff and sore after lying for so many days without his usual movement of limbs. Conor did not normally suffer from spasms of any sort. My mother and I were both very concerned and we rang the out of hours clinic at Moylinn. My mother spoke to the doctor on call, described the symptoms and asked if he thought that Conor could be suffering from anything more

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serious than the diagnosed viral infection. He replied that he did not think so.

Thursday 8 May 2003

Conor appeared lethargic and unwell. I was very concerned and requested an immediate home visit from the GP. Dr Doyle attended and examined Conor around 10 am. She said that Conor would be best going into hospital for some blood tests and 24 hours of observation as the hospital could process blood very quickly as opposed to the three days it would otherwise take. I informed Dr Doyle that Conor had been receiving 5ml of water approximately every 5 minutes and that he had not vomited in the last two and half days. Conor was then driven by myself and his grandparents to the Accident and Emergency Department of Craigavon Hospital. I ran into A & E and spoke to a young female doctor, whom I believe was named Dr Budd, immediately. Conor was placed into a side ward where Dr Budd briefly examined him and took blood samples. These samples showed that Conor was very slightly low in potassium. Conor was placed on a rehydration IV drip and was fitted with a urine collection bag. I recall that the drip was of the syringe type rather than a bag. Paracetamol was given orally. At this stage Conor was very sleepy and unwell. I asked the nurse how much fluid Conor was receiving and was told that Conor was receiving 110ml of fluids from the IV drip every 15 minutes. I remember looking at the syringe drip and thinking how fast it seemed to be emptying compared to other drips that I had seen. Conor's grandmother stated that the IV drip emptied very quickly and was replaced with another. She said to me that she thought that Conor's face looked swollen and puffy. Conor received approximately 440ml of IV rehydration fluids in one hour. Blood tests showed that his white cell count was up. Conor then suffered from a completely untypical seizure which was noted by a young male doctor. Conor's grandmother remarked that Conor had never

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had a seizure like this before. The doctor's reply was, "Just because you haven't had one, does not mean that you could not have one." I asked the nurse if Conor could be admitted to a Paediatric Ward. The nurse left and after a long telephone conversation returned and told me that Conor was too old to be admitted to the Paediatric Ward and would have to go to the adult male ward. Conor was then brought up to the Medical Admissions Unit. The urine bag fitted in A & E was now overflowing and despite numerous requests it was not removed. Conor's urine was observed to be thick and full of floating deposits. Eventually the urine bag was removed. An attempt was made to take Conor's blood pressure but the cuff was too large and would not function. A child's cuff had to be obtained before the blood pressure reading could be taken. The doctor stated that Conor was obviously suffering from a urinary tract infection. Conor was asleep at this time, though his sleep was broken by seizures, accompanied by choking. It appeared that Conor was in great distress and that the IV Canula in the crook of his left arms was causing discomfort. When the ward sister was asked about this she said that in her opinion the Canula was incorrectly positioned. The staff nurse then returned and said that another urine sample was required as the first had been incorrectly labelled. The available urine sample bags were all too big for Conor and a smaller child sized bag had to be sent for. A male doctor stated that it was urgent to get fluid into Conor and that they had used the first good vein they could find. A first dose of Ciproxin antibiotic was administered through the IV drip. A young female nurse named Ruth, was called on numerous occasions which Conor was suffering from these seizures. She was repeatedly informed that Conor did not normally suffer from seizures of this nature. On each occasion she stated that Conor was suffering not from seizures but from spasms and that his temperature was normal. An oxygen mask was

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now placed on Conor. After three or more complaints about the obvious pain being caused by the Canula, the nurse removed it but did not reposition it. Voltarol was given rectally, which seemed to settle Conor, who fell asleep. I then informed the nurses' station several times that the Canula had been removed but not replaced and we were very concerned that Conor was no longer receiving any treatment. After approximately one hour a female doctor returned and placed the Canula in the back of Conor's left hand. The male nurse who had been requested to get a doctor to replace the Canula on six occasions came to me and said that on each occasion he had requested a doctor, but that none had responded. Dr Murdoch then attended Conor. He stated that Conor had an infection and was dehydrated and that this was causing Conor's illness. Dr Murdoch stated that he believed that Conor was getting all that he needed. I replied that I wasn't satisfied with the level of care that Conor was receiving and requested that he be transferred to the Royal Victoria Hospital in Belfast. Dr Murdoch then asked me if I was not satisfied with his treatment of Conor and I replied that I was not. Dr Murdoch then spoke to a Paediatrician, who agreed with the level of treatment that Conor was receiving. Conor was continuing to have seizures. My mother and I had never seen seizures like these before. They were not like the grand mal seizures that we had witnessed in other people many times before. Conor went completely stiff, corkscrewed his body sideways and pulled his fists tight up under his chin. Each seizure lasted two to three minutes. He was also making dreadful strangulated choking sounds and a brown liquid was running from his mouth. A red and angry blotchy rash then appeared on his head, face, legs, tummy and arms during the next and following seizures, disappearing in between them. During the seizures, Conor's nose, eyelids and lips swelled up and became very red. Dr Murdoch stated that he was not

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concerned by the rash. In total, Conor suffered from some ten to twelve violent and unwholly untypical seizures between his admission around 1 pm and approximately 8 pm. At this stage Dr Murdoch had not physically examined Conor and had taken no action to attempt to alleviate Conor's obvious suffering and distress. He did nothing to attempt to calm Conor's persistent seizures, which were getting stronger and more prolonged. Dr Murdoch stated again that Conor was suffering from a urinary infection and dehydration. Conor's chest was x-rayed and shown to be clear. An ECG was performed as Dr Murdoch had stated that he thought he had heard missing heartbeats. The available adult ECG pads were too big for Conor's chest. When appropriately sized pads were obtained it was found that they did not fit the available ECG equipment properly but were used anyway. Dr Murdoch said he thought the ECG recording was unreadable because of the movements caused by Conor's seizures. He then stated that the missing heartbeats were probably, "Just him." Conor's grandmother then noticed that Conor had momentarily stopped breathing. Dr Murdoch said that he thought that Conor was holding every third breath. Dr Murdoch then left. A young female Paediatrician arrived and stated that Conor was in seizure and that his pupils were fixed and dilated. The Paediatrician was examining the area of Conor's groin when he suffered what proved to be his final seizure around 8 pm approximately and gave a loud strangulated choking cry. Shortly after this Conor's breathing stopped completely. I ran out into the ward and shouted to Dr Murdoch that Conor had stopped breathing and was going blue. Paediatric Consultant, Dr Smith arrived and he helped Dr Murdoch to ventilate Conor manually. Dr Smith stated that Conor was "very good at keeping his mouth open" and that "we can't do this all night, we're going to have to put a tube in him." Conor never recovered consciousness after this. I and my mother were then asked to leave the room. After some

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time Dr Smith spoke to me and told me that Conor was in status epilepticus and on a life support machine. This diagnosis was later refuted when we were informed that Conor was in a coma. We were also asked if he had been in a fall which they thought could have caused the resulting problems which they believed could have been due to a small bleed in Conor's brain. Conor had no such fall at any time. The next time we were able to see Conor he was in the Intensive Care Unit (ICU) on a life support machine. I don't know how Conor was ventilated in between him leaving the adult ward and me seeing him in the ICU. At some stage in between a CAT scan was made of Conor's head. My mother and I remained with Conor in the CU throughout the night.

Friday 9 May 2003

On Friday mid-morning, a number of doctors examined Conor over some considerable time. I met with Dr McCaghey after this, as described in my brother's statement and can corroborate what occurred. We were then called into the family room within the ICU when a Doctor McAlastair, whom we had not previously met or heard of before, came in with a number of junior doctors and nurses. My brother then questioned Dr McAlastair about Conor's condition and treatment and what had been determined from the CAT scan. Dr McAlastair replied that the CAT scan was unreadable. The rest of his conversation with us was that he did not appreciate the presence of my family and close friends in the room which we had been offered earlier. He said we were taking up too much room and that if anyone was interested in Conor's condition they didn't have to come and see us, they should be told. Considering the circumstances, this was unbelievably arrogant and insensitive as my son was lying supported by a ventilator with no credible explanations as to what had happened. My brother left at this point, consumed with anger and distress. On leaving the room my

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mother asked a junior doctor for a copy of Conor's medical notes. Shortly afterwards Dr McAlastair returned with his entourage, glared angrily at my mother and asked her the reason for requesting the notes. He asked her had she got a problem and said that the notes could only be made available to the next of kin. My mother then pointed to me and I then told him of the events leading up to Conor's distressing situation. I described what had occurred within the medical admissions unit and pointed out to Dr McAlastair that Conor's needs had not been addressed in any way. He replied that he didn't know because he hadn't been there. I then said that he should know because I was telling him. I asked a nurse would she have been satisfied with such treatment of her child and she replied, "No." Dr McAlastair then said that this kind of discussion was creating a hostile environment within the ward. This could not have been the case as only my mother and I had discussed this. He suggested that we postpone our request for Conor's notes and concentrate on getting Conor well. At this point we agreed as Conor's recovery was the only immediate issue. After this Dr McAlastair left with his staff. Later that afternoon I was in the canteen when a nurse, called Tricia, informed me that Dr McAlastair wished to talk to me again. I called my mother, who was on the phone, and she came with me. I asked the nurse why he wanted us and asked if there was anything else wrong. She was smiling and said if there had been anything wrong she would not be smiling. Dr McAlastair came in with one or two members of staff and told us that Conor had improved since he had seen him earlier. He was progressing and would continue to make progress. He then asked me if I was happy and of course my delight was unbelievable and I impulsively hugged him. He told us that arrangements had been made to admit Conor to the Paediatric Intensive Care Unit at the RVH for Sick Children. Dr McAlastair's attitude towards us had undergone

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a complete metamorphoses since his earlier conversations with us when his chief concerns had been to get us to vacate the family room within the ICU and to prevent us from accessing Conor's medical notes. At around 6.30 pm I travelled up to the RVH Hospital in an ambulance with Conor and another doctor. I arrived at the Belfast Hospital for Sick Children with high hopes for Conor's recovery. However, Dr Seamus McKeage and other doctor, Gary, examined Conor and said that in his opinion Conor would not improve. I asked him, in horror, did he think he could die and he said he thought that he probably would. Conor's care whilst at the RVH could not have been improved upon and Dr Bothwell was particularly considerate and empathetic. After four days of attentive and professional care by all members of staff, during which Conor did not regain consciousness, Conor's physical condition began to deteriorate. On Monday 12 May Dr Taylor and Dr Bothwell advised us that in their opinion Conor would not recover and that they would not be able to maintain Conor's blood pressure artificially for much longer. We felt that Conor had been given every chance whilst at the RVH and agreed to the removal of treatment and life support. The doctors and nurses helped us through this difficult process and treated Conor with great dignity. Myself, my mother and family were involved to the end. We removed the life support tubes and waited with him until he gently slipped away.

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