

STATEMENT OF WITNESS

STATEMENT OF: JUDY 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 3 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 19

day of MAY

2003

[Signature of Member]

[Signature of Witness]

SIGNATURE OF MEMBER by whom statement was recorded or received

SIGNATURE OF WITNESS

As described in my daughter's statement for 10 days prior to his admission to Craigavon hospital Conor had felt unwell and had thrown up two or three times. He wanted to drink but when he drank from a glass he swallowed too much and after a while threw it up. On advice from our GP Dr Patterson we then administered regular small amounts of 2.5 ml every 5 minutes of water by syringe orally. We ensured that Conor had at least the recommended amounts of 30 ml per hour of water. We assiduously gave Conor this amount for the rest of the time before his admission. The day before his admission he was able to take more water each time, 5 ml and more frequently. He received at least half a pint of water by syringe orally during that day and also ate a little stewed apple and some natural yoghurt. He also begged some boiled rice from his mum's dinner plate. As recorded in my daughter's statement Conor had been seen by various doctors in those ten days who confirmed pink ears and throat typical of an upper respiratory infection. Conor had also communicated to us that his throat was sore. The night before admission the doctor on call was phoned and I asked him if there could be anything more serious. He said no and if there was a serious condition the symptoms would be more dramatic. He

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[Signature of Witness]

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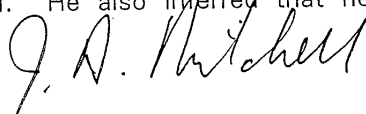
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suggested that we get a urine sample the following day. I was with my daughter at the time of Conor's admission to the A and E clinic of Craigavon hospital and can verify the details she has recorded in her statement. Apart from one to one and a half hours in the afternoon I was at the hospital and with them the whole time. During the time I was away my daughter informed me that Conor had two long seizures and that he still had received no help. During this period my daughter's friend Helen Paul was present and witnessed these events. The treatment that Conor received at Craigavon hospital was a catalogue of dilatory, unhurried and in many cases ignored requests for help. I believe the attitude to Conor's condition on arrival in the ward was one of here's another cerebral palsy child having seizures and this is what they are like. This is not what Conor was like. He looked unwell on admission because he felt unwell not because he had cerebral palsy and the seizures that he suffered whilst in Craigavon hospital were not typical of Conor. Conor was upright, full of fun, very motivated and highly intelligent. Any seizures that Conor had at home were occasional absences usually at night time if he had over exerted himself. Conor had had only three small absences since before Christmas, none of which occurred during the ten days prior to his admission to Craigavon hospital. I can fully support and endorse my daughter's statement. I must emphasise however how appalled I felt at the disrespect and rudeness that we had to endure from Dr McAlastair when our adored and beloved Conor had been reduced to relying upon a life support machine. His arrogance was unbelievable. Conor had been admitted for tests for a possible urinary infection and Conor was now unable to sustain his own body functions. He referred to our family disparagingly as a "clan" and when my daughter said that she needed the support of family and friends he said that they didn't need to be there, they could be told. He also inferred that he had been pressed

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into talking to us which was not the case as we had neither seen or heard of him up to that point. I asked a junior doctor for Conor's medical notes which seemed to make Dr McAlastair unnaturally angry towards a family in such a devastated condition. He angrily asked me if I had a problem when I requested the notes and then told me that only the next of kin would have access to them. My daughter then told him the sequence of events that had occurred in the medical admissions unit. After listening to my daughter he then said we should forget the medical notes for now and concentrate on getting Conor better. This we agreed to as Conor's recovery was our immediate concern.

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