

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on _____ the _____ day
of _____ (month), _____ (year), at inquest touching the death of
CONOR EDWARD JOHN MITCHELL, before me MR J LECKEY LL.B
Coroner for the District of GREATER BELFAST

as follows to wit: -

The Deposition of JONATHAN MITCHELL

of _____ (Address)
who being sworn upon his _____ oath, saith

I went to see Conor in the Intensive Care Unit of Craigavon Hospital with my wife, Ann Henderson around 9 am on Friday 9th May 2003. Conor was on a ventilator and obviously very seriously ill. It seemed that he was able to respond to verbal requests to move his left toes but the movement was very slight and irregular. There was no movement in his face, eyes or upper body. His facial expression and eye position were as they were when he died four days later. I left the room and shortly after a number of doctors and other medical staff arrived to examine Conor. Around 12 pm Dr McCaghey, a Consultant in charge of the Intensive Care Unit, met with me, my sister and mother. Dr McCaghey stated that Conor was definitely not brain dead, though he admitted that neurology was not his field. He stated that the CAT scan of Conor's brain showed nothing of significance and that there was no sign of a bleed in the brain. He stated that he had spoken to Dr Philip James by telephone and that Dr James thought that Conor might have suffered from demyelination of cells in the brain stem as a result of a viral infection. I asked if this had shown up on the CAT scan of Conor's brain. Dr McCaghey replied that such effects would be microscopic and would not show up on a CAT scan, though he said that it was difficult to make an assessment of the CAT scan without another older scan with which to compare it. I asked if Conor was suffering from meningitis and Dr McCaghey replied that he was not. Having been told by Dr McCaghey that another brain scan would assist in diagnosing Conor's condition, I asked Conor's mother if any other scans of Conor's brain existed. She said that Conor

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had been CAT scanned shortly after birth and that the scans were at the RVH in Belfast. Unable to find Dr McCaghey, I told this to a nurse named Chevenne who was tending Conor. I offered to get the scans from Belfast and was told that this would not be possible and that hospital procedure would have to be followed. Shortly after the meeting with Dr McCaghey, myself, my mother and Conor's mother met with Dr McAlastair and five or six other staff including Conor's nurse, Chevenne, in the small family room within the ICU. Dr McAlastair was defensive from the outset. He stated that he had been put under pressure to talk with us. We had made no request to talk to Dr McAlastair and had been satisfied by the explanations given by Dr McCaghey. I asked him what Conor's CAT scan had showed up and he replied that it was "unreadable". Dr McAlastair then became quite agitated and stated that he wanted our "clan" to withdraw to the outer waiting room and to stop waiting in the corridor. I replied that only immediate members of family were present plus two close friends and that we were there to support Conor's mother as she had been informed on the previous evening that a decision regarding Conor's life support might have to be made that afternoon. I stated that we were only there to represent Conor and find out information about what had happened. Dr McAlastair replied that we did not need to be there to find out information. I stated angrily that Conor had been admitted for observation on the previous morning and was now on a life support machine and that under the circumstances our presence was hardly surprising. Dr McAlastair appeared completely insensitive to and unconcerned by the sudden unexplained medical calamity that had befallen Conor, and the effect that it was having on family members. I left the room, angered by Dr McAlastair's attitude towards the situation. Conor's mother remained behind talking to Dr McAlastair. Up until this time no other visitors had appeared in the ICU waiting room and no-one else had requested use of the small family room within the ICU. It was quite obvious that Dr McAlastair found our presence inconvenient and

TAKEN before me this 25th day of May (month), 2004 (year).
M. L. Lacey Coroner for the District of Greater Belfast

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of _____ (Address)
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our obvious concern for Conor's well being irritating. Around the mid-afternoon, I was sitting in the ICU waiting room when Conor's mother ran in from the ward. She was very excited and said that she had spoken to Dr McAlastair and that he had told her that Conor was beginning to respond and was beginning to make a recovery. Up until that point I had been quietly very pessimistic about Conor's condition but after this announcement I felt that it was, perhaps, that he could recover. Conor was transferred by ambulance to the paediatric Intensive Care Unit (PICU) at the Belfast Hospital for Sick Children around 7 pm. He was accompanied by his mother and a doctor. I arrived with my wife and mother at the PICU around 9 pm. We were met by Conor's mother who was obviously distressed and she informed us that Conor had been examined immediately upon arrival and that there was no sign of a recovery. We then spoke with the doctor on the ward at that time, Gary, and he stressed the seriousness of Conor's condition. On Sunday the 11th of May I met with Dr Hicks, the neurologist responsible for Conor and a young female nurse. Dr Hicks explained that she believed that Conor's condition was the result of damage to the brain stem caused by a lack of oxygen. Dr Hicks showed me the scan of Conor's brain that had been taken in Craigavon after his final seizure (this is the scan that Dr McAlastair had deemed unreadable) and indicated those areas in the brain stem that showed abnormalities consistent with recent oxygen deprivation. She then showed me a more recent scan which indicated a

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progression of damage in the intervening 44 hours. I was well aware of my sister's and my mother's concerns over the way that Conor had been treated while in Craigavon, especially with regard to the amount of rehydration fluid that Conor had received and the fact that nothing had been done to alleviate the cause of the violent seizures which had afflicted Conor. I asked her if she thought that incorrect rehydration could have been a factor in causing Conor's condition and she replied that it could have been a factor. Dr Hicks had previously spoken to Conor's mother and knew of the mild infection that Conor had had prior to his admission to Craigavon. She also knew that Conor had been receiving small amounts of fluid on a regular basis and stated that she did not believe that Conor could have been seriously dehydrated on admission to Craigavon Hospital. I asked if she had received the medical notes relating to Conor's dehydration in Craigavon and she replied that although they had received some notes from Craigavon, the notes relating to what fluids Conor had been given were not among them. I asked if additional oxygen and medication to help calm his seizures might have helped prevent Conor's brain damage and she replied that it possibly could have helped. I asked Dr Hicks if she thought it possible that Conor could have made any sort of recovery or improvement of the type described by Dr McAlastair prior to Conor being discharged from Craigavon Hospital. She replied that she did not think it likely, given the extent of Conor's injuries that any such recovery could have occurred. I asked Dr Hicks if she thought that Conor had suffered demyelination of cells in his brain stem. She replied that she thought this was highly unlikely. I asked Dr Hicks if she thought that Conor's brain damage could have been caused by a virus. She replied that she thought that the cause wasn't viral and that everything was consistent with oxygen deprivation following a seizure. Conor's condition did not improve and when it began to deteriorate further treatment was removed, with his mother's consent on Monday 12th May. Throughout Conor's stay at the RVH, the staff and doctors in the PICU

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behaved irreproachably and I feel that nothing more could have been done by them to either assist Conor or our family. In contrast, I feel most strongly that Conor did not receive appropriate treatment whilst in Craigavon Hospital and that the severity of the seizures from which he suffered were dismissed simply because he suffered from Cerebral Palsy. These seizures were causing obvious distress and suffering over an extended period of time and nothing was done to alleviate his condition despite the presence of numerous medical staff. The possibility exists that Conor was incorrectly rehydrated and that this may have seriously contributed to this eventual death. It seems clear that the decision to admit Conor to an adult ward rather than a paediatric ward only contributed to the difficulties that Conor faced whilst trying to get adequate treatment. It seems possible that Conor's mother was misled into believing that Conor was making a recovery in order to exculpate the hospital staff involved and to dispense with a troublesome and potentially embarrassing patient.

J. Mitchell

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