

To Mr. J. LECKEY 1

Monday 31/3/04

FROM JOANNA MITCHELL.

Sunday 28th March 2004

FAMILY CONCERNS REGARDING DOCTORS' STATEMENTS

Dr Murdock

To begin with, we would like to point out that Dr Murdock referred to our darling Conor as "deceased". I can only assume that he meant "deceased"? Is this indicative to how he practices his medicine?

To date, only one doctor from Craigavon Area Hospital who was involved with Conor's "care" has expressed his sympathy and thoughts to our family for the loss of Conor. This was Doctor Richard Brady, and for that we would like to thank him.

When we first met Dr Murdock, in and around 1pm, he reassured us that Conor's condition i.e, slightly dehydrated and fighting some kind of infection, was enough to make a grown man look and feel awful. At that time, I did feel some what happier as I thought Conor was in good, capable hands and that after being told that once he had had 2 doses of the prescribed antibiotic that was being given intravenously, that he would start to pick up. I did in fact ask as the day went on and Conor was most certainly not improving if he could be given more of the antibiotic and I was told that the next time he could have a second dose would be later that night.

When Doctor Murdock next saw Conor we were VERY concerned and after saying to Doctor Murdock that Conor was indeed getting worse, his reply was and I remember the exact words with which he replied and these were "No, he isn't, he is just not getting any better yet".

Shortly after this time, when it was extremely apparent that Conor was deteriorating, and I noticed Conor's chest movement becoming very irregular and fast. Doctor M was present at this time and I obviously panicked. Dr M said "I told you there was a lot going on here"! This had not been Doctor Murdock's attitude until that moment. He then went on to say that if I was going to panic, he would tell me nothing. It was at this stage when my mother(Judy Mitchell) interevned and told him that she didn't like his attitude and not to speak to me in that manner, just to concentrate on getting her grandson better.

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It was then when he asked me if I wasn't happy with the care Conor was receiving and I was adamant that I wasn't and we asked for Conor to be transferred to the Royal. Dr M then disappeared for quite some time to make a phone call, during which time Conor had yet at least one more seizure. When my mother went out to the nurses station to look for him, she was more or less told to go away and not to bother him, he was on the phone.

Where was Doctor M A.M. afternoon and who was in charge when we made our repeated calls for help? Surely everytime Ruth, the nurse saw Conor having a seizure, even though she insisted they were not seizures, but spasms, she had to report it?

I even remember my father (Ivor Mitchell) having a conversation with Doctor M about how busy he must be and M replied stating that 'The Medical Admissions Unit was in fact very well staffed.

Doctor Murdock mentions in his statement that "Conor had received intravenous fluids in A and E and I asked Dr Quinn to decrease the rate of the fluids that were being administered in view of patient's low weight and size for his age". As he had shown concern over this matter, why did he not think that perhaps there could have been some reaction or adverse side effects concerning the rate of his initial administration of IV fluids?

As Conor's initial bloods had shown a low potassium and high urea, why were there no more bloods taken throughout the day?
Do blood tests not give an accurate account of what is happening in the body?

Conor had Cerebral Palsy and mild epilepsy. Why did none of the nursing staff or Doctors think it possible that Conor could have been having epileptic seizures? How much more proof did they need? They had the obvious visual signs and our word that this was not normal for Conor.

Was this situation unique to Conor or if I was admitted to this ward and suffered Grand Mal seizures, would I have been misdiagnosed and untreated for all those hours until I stopped breathing?

We truly felt at this stage that Dr Murdock was totally out of his depth. This time was crucial as Conor's breathing and heart regularity had both changed and this was admitted by Dr M at the time but refuted later in his statement. There were four of us present when Dr Murdock noticed Conor's missing heart beat and him holding his breath, but after a disastrous ECG, he again made little of this obviously serious event by dismissing it when I asked what

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about the missing heart beat and he answered it nonchanantly "It's probably just me"! If Doctor Murdock was at a loss, why did he not call for immediate help? Did he just gamble Conor's life with his arrogant attitude? Was it more important for him to "appear" to know what he was doing than to save the life of my darling son who had been fighting and struggling all day with seizures that were getting progressively more prolonged and violent and causing most obvious distress to us all, but most of all to CONOR.

Dr QUINN

Dr Quinn puts in her statement that Conor was to have a chest and abdominal xray. At no time was an xray done of Conor's abdomen and the chest xray was only performed very late on and at our behest when we were worried about Conor's breathing after a seizure.

DR S. BUDD

Dr Budd mentions in her statement that I did not consent to antibiotic being given to Conor at that time in A and E. She said that it was general practice to give a broadspectrum antibiotic to all children admitted with a suspected infection and raised temperature. She mentions also "The potential risks of not receiving them at this stage". This was not her inference at all. I had asked how long the blood results would take and she told me they would be very soon. As Conor had already had two antibiotic treatment courses prescribed during the days before admittance to hospital, and these had really upset his stomach and had to be stopped, it was in fact my mother's request was it possible to give a specific antibiotic for the condition which the blood tests would show. Dr Budd acquiesced and Conor was administered the specific antibiotic approximately 35 minutes later at 12 pm(ciprofloxacillin).

DR McALLISTER

Dr McAllister says in his statement that by 17.10 he had seen no substantial change in his(conor's) condition but nursing staff said that he flexed to voices" In the mid afternoon of Friday the 9th of May 2003, I was in the canteen, just nextdoor to the ICU, when Siobhan, a nurse who was caring for Conor at the time came into the canteen to look for me. On seeing her, I leapt up and ran towards her asking her what was wrong. She then said Doctor McAllister wanted to see me. I panicked, but she reassured me while smiling and said that if there was anything else wrong she certainly would not be smiling. On

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entering the family room in the ICU with my mother, Doctor McAllister informed me there had been SIGNIFICANT improvement in Conor's condition since he had last seen him and in his opinion, he would continue to recover. At this news, I leapt to my feet and now I know to have been a foolish reaction, kissed him and thanked him. He asked me with a smile on his face if I was happy and my reply was what did he think?, also smiling. Then he said he had arranged for Conor to be transferred to the PICU in the Royal Victoria Hospital, and the only negative inference he made was that Conor was still going to be in an ICU environment and that chest infections were not to be ruled out.

In Doctor Sumner's report it states that at 1500 that day, Conors sodium level had risen to 154, which was 20 above the level it was at the previous night at 21.25(134 sodium). Surely this was not a sign of significant improvement? It was approximately one hour after this level was taken on the 9th of May, that Dr McAllister told me of Conor's improvement. I DO NOT UNDERSTAND THIS!

Many of the Doctors involved, comment in their statements of Conor's small size for his age after his death. Why had this not been noticed and taken into consideration at the start?

Dr Sumner states he thought it regrettable that Conor was not nursed in a paediatric environment as he was small for his age.

Would Conor have received more appropriate treatment in a childrens ward? Dr Marian Williams(the paediatric registrar) was the Doctor who pointed out to Murdock that Conor was in seizure. Do only children suffer from seizures and do only paediatric Doctors know about and have the ability to recognise them?

On top of the immense grief we are suffering at the loss of our precious Conor, we as a family have been subjected to more distress due to several Doctors' statements which do not show consistencies to what actually happened.

Who actually prescribed the original fluids and the rate of administration?

Dr Sumner states in his report that it is NOT clear how much was actually given. In A and E, there were DEFINITELY three lots of 110 mls administered and possibly four.

In the ambulance, going to the Royal Victoria Hospital, Siobhan, the nurse who was accompanying Conor, reassured me that Conor was going to be

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ok and that he wouldnt be on the life support system for long.

JOANNA MITCHELL

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