SUPPLEMENTAL QUESTIONS FOR REPORT OF DR WANEY SQUIER CLAIRE ROBERTS

Introduction

1. There are some specific queries that we would ask you to address arising out of the third witness statement of Dr Brian Herron dated 16th May 2012 (ref: WS 224/3) and the witness statement of Dr Meenakshi Mirakhur dated 30th May 2012 (ref: WS 247/1).

Witness Statement of Dr Brian Herron WS 224/3

2. General

Please note that the "NSU" marked on the autopsy records at Refs: 090-054-178, 090-054-189 and 090-054-197 refers to "Neuroscience Grand Rounds" as detailed at the answer to Question 5(a) at page 6 of WS 224/3. Dr. Mirakhur refers to "NSU" as "Neurosciences Unit" (Ref: WS 224/3)247/1 p.19 Q41(e)).

Specific queries

Answer to Questions 4(b) at page 5 and 6(b) at page 9

3. "The initial stages of the autopsy were on 24/10/1996 and the brain cut was on 28/11/1996".

The slides were prepared on 23/01/1997 – "This refers to the date that the slides would have gone to the pathologist."

- (a) Please state whether the documents provided confirm these dates.
- (b) Please describe the usual period of time required to fix a brain in 1996 and the reasons why this period is required, and comment on whether the period of time in Claire's case to fix the brain was acceptable in the circumstances.
- (c) Please describe the usual period of time in 1996 when a brain would be examined after the brain cut and the reasons why. Please also comment on

The Inquiry into Hyponatraemia-related Deaths 6th June 2012

whether the examination of the brain in January/February 1997 by the pathologist occurred within an acceptable period of time and explain why.

Answer to Question 8(a)(i)-(ii) at page 11

4. "In some cases all of the medical notes and records would normally have been available. In other cases only an autopsy request form was available. In other cases the history is obtained by telephone or face to face conversation."

"The medical notes and records... may not have the results of all laboratory or radiological investigations attached however, particularly if performed shortly before death."

Please comment on the practice in 1996/1997 of not having:

- (a) medical notes and records and only having an autopsy request form prior to performing a post-mortem examination.
- (b) laboratory or radiological investigations attached to medical notes and records.

Answer to Question 9(a-d) at pages 11-12

5.

- (a) Please comment on whether:
 - (i) It was usual or accepted practice to weigh an unfixed brain at a paediatric autopsy in October 1996
 - (j) on 24 October 1996 Claire's brain would likely have been similar in nature to a "baby's brain"
 - (ii) her brain likely was "extremely fragile" at that time
 - (iii) "any sort of handling at the time of autopsy could damage the tissue and create artefact that may interfere with the interpretation of the pathological findings."

and state the reasons for your answer.

- (b) Please comment on whether "[b]rain weight is useful to record but is not per se an accurate indicator of pathological processes or oedema."
- (c) Please comment on whether "[c]erebral oedema is better diagnosed by examining a carefully fixed brain weeks after the initial autopsy, by looking for swelling of the surface brain...and by microscopic examination of the brain."

The Inquiry into Hyponatraemia-related Deaths 6th June 2012

Answer to Question 13(c)(i)-(v) at pages 13 and 14

6. "The autopsy as performed, addressed the issues of cerebral oedema, status epilepticus and encephalitis.

Inappropriate ADH secretion is a condition that is better diagnosed in life and not at autopsy.

Hyponatraemia is a condition better diagnosed in life and not at autopsy.

I have no reason to believe that extending the autopsy would have increased medical knowledge or further assisted in ascertaining the cause of death."

- (a) Please comment on whether a full autopsy examination would have been relevant or assisted 'in ascertaining the cause of death."
- (b) Please comment in general to this response.

Witness Statement of Dr Meenakshi Mirakhur WS 247/1

7. General

Please comment on the following answers:

- (a) Question 13(a)(i) at page 8
- (b) Question 15(b) at page 9
- (c) Question 16 at page 10
- (d) Question 17 at pages 10–11
- (e) Question 18 at page 11
- (f) Question 19 at page 11
- (g) Question 20 at pages 11-12

Specific Queries

Answer to Question 11(b) at page 8

- 8. "Pathologists are entirely reliant on the information supplied by the clinicians as it is the clinicians who have looked after Claire. The pathologist is not involved in the patient care. The pathologist would not carry out an investigation to check if the information supplied by the clinicians is correct."
 - (a) Please comment on whether this answer accurately reflects the usual or accepted practice in 1996/1997.

The Inquiry into Hyponatraemia-related Deaths 6th June 2012

Answers to Question 21(e) at page 12, Question 21(n) at page 13, Question 22(e) at page 14, Question 38 at page 18 and Question 39 at page 18

9. Please explain what is meant by 'pressure effect'.

Answer to Question 33 at page 17

- 10. "This can be a post-mortem effect."
 - (a) Please comment on the accuracy of this answer.

Answer to Question 41(j)(iv) at page 21

- 11. "This is the clinical diagnosis in the autopsy request form".
 - (a) Please clarify if the entry on the autopsy request form (ref: 090-054-183) under "CLINICAL DIAGNOSIS" of "Cerebral oedema 2º to status epilepticus? underlying encephalitis" is the same as "viral o Encephalitis Epilepsia" (ref: 090-054-180, 090-054-182).

Conclusion

12. Please provide the response to these supplemental questions in your report to the Inquiry.

The Inquiry into Hyponatraemia-related Deaths 6th June 2012