

NAME OF CHILD: Raychel Ferguson

Name: Geoff Nesbitt

Title: Dr.

Present position and institution:

Previous position and institution:

[As at the time of the child's death]

Clinical Director and Medical Director- Altnagelvin Hospital Health & Social Services Trust ("AHHST").

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 2001 - present]

Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
WS-035/1	20.06.2005	Inquiry Witness Statement

Supplementary statement to the Inquiry:

During the course of the Inquiry it became evident from statements submitted by Mr & Mrs Ferguson and from their evidence given on 26th March, that they have placed emphasis on comments made by me in relation to movements made by Raychel prior to and during her transfer to Belfast.

It was suggested that if there was something additional which was said then this should be submitted as a witness statement and I am grateful to the Inquiry for the opportunity to do so.

On page 5 of my statement to the Inquiry I refer to communication with Raychel's parents and my evidence is unchanged in this regard.

In the Intensive Care Unit Altnagelvin Hospital and prior to transfer to Belfast, I explained that Raychel's condition was extremely serious, there was brain swelling and we were unsure why this had happened. I discussed the possibility of a bleed (subarachnoid haemorrhage) and that we had contacted the Neurosurgeons in Belfast and were treating Raychel as they had requested. I also discussed the transfer itself and explained that there was no room in the ambulance for any family members, as clinical staff would be travelling with Raychel. The transfer was to be by police escort and I stressed that for safety reasons the family should not attempt to follow the ambulance.

Mrs Ferguson stated on 26th March that she could not recall me mentioning brain swelling but accepted that I may have said some of those things to her. Mr Ferguson said he has only a vague recollection of any conversation with me. It is understandable that distraught parents might not recall all that was said and this unfortunately is often the case in situations like this.

I spoke to Raychel's parents again as I was about to leave the Children's Hospital. We had loaded our equipment in to the ambulance and were ready to leave when they arrived at the entrance to the Hospital. I told them that throughout the journey Raychel had remained stable. The movements which she had been making prior to transfer remained throughout and her other vital signs were unchanged. Mr Ferguson stated that I said that Raychel had had a comfortable journey and that there was plenty of movement and that this was a good sign. Mrs Ferguson stated that she believed that because of this Raychel had made some recovery. I can only confirm that I said her condition remained unchanged, her observations were stable and that the movements, which were evident prior to transfer, remained. I do not believe that I placed undue emphasis on these movements and there was no inference that there had been any recovery. It is very much regretted that Mr & Mrs Ferguson took this meaning.

I clearly remember sympathizing with the family when I met them at this time and said that everyone would be thinking of them and praying for Raychel's recovery. These were sincere sentiments - I found the journey emotional and difficult and could not imagine what it would be like if I were to find myself in the same position.

Raychel's tragic death underlines for me the importance of effective communication with distraught family members. While I was conveying factual information about Raychel's clinical condition during the transfer, I understand how Mr & Mrs Ferguson were looking for any small sign of improvement and ultimately hope.

The Chairman, reflecting on the view of the anaesthetic expert, said "no medical professional could possibly confuse the signs of a child in Raychel's condition moving because they were reflexes involving the spinal cord and any medical professional would know that they were not natural movements". While I understand how this impression might be formed I welcome the opportunity to comment on this and to hopefully provide further clarity.

I have over twenty years experience as a Consultant Anaesthetist so I have witnessed such movements before and have unfortunately been in the position of having to perform brain stem testing. Having diagnosed brain stem death I am clear that it is possible to see movement occurring as a reflex at spinal level and that these should not be confused with purposeful actions. Brain stem testing had not been performed on Raychel prior to her transfer because it would have been inappropriate to do so at that time.

On 26th March 2013, Mr & Mrs Ferguson stated that the Trust covered up the reasons for Raychel's death and indicated that it started on the morning of the transfer because we knew that there was no hope and wanted to transfer her to Belfast so that it would be recorded that she died there. In response to that I would emphasise the following: The diagnosis was not clear, and Neurosurgeons in Belfast had accepted that we transfer Raychel to their care. The Intensive Care Unit in Altnagelvin does not provide services for children and such cases are always transferred to the regional paediatric unit.

Dr Haynes, the Anaesthetic Expert for the Inquiry referenced the Advanced Paediatric Life Support Third edition 2001 and my following comments rely upon this also. It is accepted that fixed and dilated pupils can occur during and after seizure. (Page 131) Seizure can itself cause raised intracranial pressure (Page 188) and ventilation to lower the CO2 levels can reduce that pressure (Page 187). The low sodium levels were being correctly treated by fluid restriction and administration of normal saline. (Page 276) Collapse and coma following headache are signs of subarachnoid haemorrhage (Page 132) and, although rare in children, this was a diagnosis considered following the initial scan. Meningitis can present with a petechial rash and coma following raised intracranial pressure. (Page 132) This was also considered a potential diagnosis and Raychel was being treated with antibiotics for that reason.

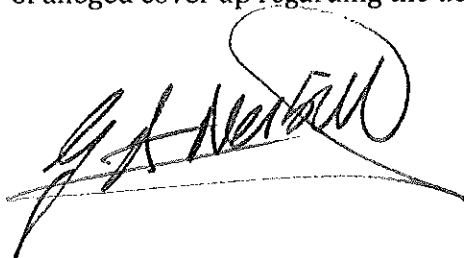
My own view, supported by the evidence offered by Dr McCord, is that it is never too late especially in children and I can confirm that I have personally seen recovery from positions I thought to be irretrievable.

Nevertheless, the situation in Raychel's case was indeed grave and my comments to the parents were sympathetic but factual. In retrospect and following brain

stem testing which was only possible in the Children's hospital following normalization of parameters including electrolytes, it was clear that brain death had occurred and the movements were not purposeful and were spinal reflex in origin.

This was discussed with Mrs Ferguson and her sister at the meeting in September 2001, and the need for transfer fully explained. It was my impression that this had been understood and accepted and I was surprised therefore by Mr & Mrs Ferguson's statements to the Inquiry.

I hope this supplementary statement has helped to clarify the comments made in relation to my conversations with Raychel's parents and also to address the issue of alleged cover up regarding the decision to transfer to Belfast.

A handwritten signature in black ink, appearing to read 'G. Nesbitt', with a large, sweeping flourish underneath.

Dr Geoff Nesbitt. 8th May 2013