Trevor Birney

From:

Trevor Birney

Sent:

21 May 2004 14:42

To:

Christine Stewart

Subject: RE: Lucy Crawford

Christine,

RE: Lucy Crawford.

The Post Mortem report into the death of Lucy Crawford was prepared by the Pathology Department at the RVH. The autopsy number is A45144 and the PPM No. is 57-00.

It names the pathologist as Dr. Dennis O'Hara and the clinician as Dr. Hanrahan.

But on page three, the section headed "Clinical History" appears to have been written by Dr. Caroline Stewart, Specialist Registrar, Paediatrics, RBHSC.

Q: When did Dr. Stewart provide her contribution to the post mortem report?

Thanks again for your help with this.

Trevor.

Trevor Birney Editor, Current Affairs Ulster Television

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----Original Message-----

From: Christine Stewart

Sent: 19 May 2004 15:46

To: Trevor Birney

Subject: RE: Lucy Crawford

Trevor

Will do my best to get a reply for you

Christine

----Original Message-----

From: Trevor Birney

Sent: 19 May 2004 15:08 **To:** Christine Stewart

Subject: RE: Lucy Crawford

Christine,

Thank-you for your reply.

It is disappointing, to say the least, that the Royal doesn't have anyone who can give us advice on issues of such public importance.

However, can I ask a further couple of questions?

- 1. Does the pathologist or the Dr. (in this case Dr. Hanrahan) take the ultimate decision on whether a Coroner's post mortem should be carried out?
- 2. Which pathologist did Dr. Hanrahan speak to following Lucy's death?
- 3. Has the Royal revised any of its practices in relation to the death of infants following Lucy's death?

Talk to you soon

Trevor.

Trevor Birney
Editor, Current Affairs
Ulster Television

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-----Original Message----From: Christine Stewart

Sent: 17 May 2004 15:36

To: Trevor Birney

Subject:

Trevor

In reply to your e mail of May 5

Our consultants have declined the offer to talk further about the Lucy Crawford case, feeling that they said everything relevant at the inquest.

However regarding your queries about the local post mortem, I have some information which may be of use.

It would be normal procedure for the Royal to involve a paediatric pathologist in this type of case (sudden death of a child).

As to why the localised post mortem recorded a different cause of death to the coroner's findings – the localised post mortem recorded the condition which being present led to the death.

Using the example of meningitis; one person could say meningitis, another multi organ failure, and another heart attack; and they would all be right to some degree. Guidance from pathologists is that the cause of death is the condition without which the person would not have died, meningitis in this example.

Regarding the number of deaths from dilutional hyponatraemia — We are aware of two cases in which the coroner has suggested dilutional hyponatraemia as a cause of death. The coroners office could possibly elaborate as I am bound by patient confidentialty.

regards

Christine