

POLICE SERVICE OF NORTHERN IRELAND

Police Identification Mark WRC93

SUMMARY OF TAPE RECORDED INTERVIEW

TAPE REF NO:

PERSON INTERVIEWED:

JARLATH O'DONOHUE

BD 534/03

ADDRESS:

Master Tape
Seal Number(s):

DOB:

T17951A

PLACE OF INTERVIEW:

GROSVENOR ROAD PSNI

DATE OF INTERVIEW:

26/04/2005

TIME COMMENCED: 1206 HOURS

TIME TERMINATED: 1251 HOURS

INTERVIEWING OFFICERS:

OTHER PERSON(S) PRESENT:

- 1 D/SERGEANT CROSS, CARE UNIT,
PSNI, ENNISKILLEN
- 2 D/CONSTABLE HALL, CARE UNIT,
PSNI, ENNISKILLEN
- 3

- 1 [REDACTED] SOLICITOR
- 2
- 3

MADE BY:

D/SERGEANT CROSS

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D/Sgt Cross:

It is 1206 on the same date and we are still in Grosvenor Road and the same four people present. If I could just remind you Doctor that the caution still applies and could I ask you to confirm that there were no questions asked in relation to these matters between tapes.

Dr O'Donohoe:

There were no questions asked between tapes.

D/Sgt Cross:

Thank you.

Now Doctor, I was asking about the procedure for getting the blood tests to the lab and you said ...you were called about 3.00 and it would be your opinion that you would have got there...before 20 minutes, half an hour, you thought less time than that and could you tell me when you would have walked into the child and decided to have bloods, what happens from that point on, to actually get the bloods to a lab so that a technician is actually analysing them?

Dr O'Donohoe:

I suppose you take the blood and call somebody to try and find out who will analyse the bloods, it's taken to the lab: that was the three steps.

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D/Sgt Cross: Right. And the bloods do they go to the lab in the syringe basically or do they have to be transferred to something else?

Dr O'Donohoe: They would be put in a bottle.

D/Sgt Cross: In a bottle. Right. What we have, because the actual lab result on the notes is timed for 2050 for the first bloods earlier in the evening, but it's not timed for the second bloods and the nurse said that's because these were done hurriedly and they weren't actually recorded, or they weren't requested by computer...

D/Sgt Cross: That normally they would go to their computer and tell the lab we have bloods for you and the lab would then say...bring them down; but this didn't happen during the night, they would have been just taken straight down. And what I have, this is RH61, I hope this means something to you Doctor, it's produced by Matt Hackett, if you know who it is?

Dr O'Donohoe: I know Matt.

D/Sgt Cross: Right, and this seems to suggest that on the 13th at 3.57 there was a request entered for the bloods. Would that mean by 3.57 you have the bloods taken, you have identified a nurse or someone who will carry them down to the lab, get in the lab technician and therefore by 3.57 you have a lab technician out of his bed, dressed and in the lab?

Dr O'Donohoe: Again maybe I need to pause to talk to my solicitor, because these are documents that I am not at all familiar with. It's not within my normal area as it were, to I don't know if I've seen one of these forms before if you understand what I mean.

Solicitor: I don't think it is something within his ability to comment on.

D/Sgt Cross: Right that's fair enough. Well could I ask if you're called at three o'clock in the morning, could you tell me roughly when you think you took the bloods from Lucy.

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Dr O'Donohoe: To be honest I don't think I can be any more precise, you know, and I very deliberately put in approximately three o'clock in the morning. I, I really can't be any more precise than that.

D/Sgt Cross: Right. And you said in the second paragraph on the second page Doctor, when I arrived at the hospital I was surprised to find that a saline drip was running freely. Is that the normal saline?

Dr O'Donohoe: Normal saline yes.

D/Sgt Cross: Yes. .9 per cent.

Dr O'Donohoe: Point 9.

D/Sgt Cross: And you were surprised because you had not instructed that this should be set up...?

Dr O'Donohoe: The word, I think to try and clarify what I've written in my statement running freely, freely is the word, may be by way of clarification I mean that it was not under the influence of an intravenous pump, which was not under any form of control as it were. That's the most striking thing to me.

D/Sgt Cross: Right and when you looked at that so you're concerned primarily because this is running freely and you haven't said that, but you have noticed that it is point 9 saline, did you know, did a sort of an alarm ring there I never ordered point 9 either?

Dr O'Donohoe: No no I think the issue was the surprise really was based on the freely part of it.

D/Sgt Cross: Freely ok. Right. And you reduced the flow to 30 mls. Is there any specific reason or particular reason for choosing 30 mls?

Dr O'Donohoe: My recollection is that it was consistent with normal fluids use...

D/Sgt Cross: Right. And did you determine, Doctor...whose decision it was to set up a free running saline drip?

Dr O'Donohoe: I honestly don't.

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D/Sgt Cross: Right...When you approached that drip and saw that it was point 9 and that it was running freely and you restricted it to 30 mls, do you have any recollection as to how much fluid had actually run out of the 500 ml bag?

Dr O'Donohoe: I don't know if I have enough recollection to be able to fill in any further details.

D/Sgt Cross: Did it appear to you that the bag had just started or was it well through?

Dr O'Donohoe: Again I'm not sure that I have an accurate enough recollection at this stage to be able to advance what I've said.

D/Sgt Cross: Right. The fact that you reduced the rate to 30 mls does that infer at all that 30 mls was the prescription you had made for the initial drip, the number 18?

Dr O'Donohoe: There were two separate episodes.

D/Sgt Cross: Yes.

Dr O'Donohoe: So I don't know that I could necessarily work backwards from one to the other.

D/Sgt Cross: Right. Right. And the blood electrolytes, show that Lucy's sodium was 127, eh do you recall when you saw that result?

Dr O'Donohoe: No again I honestly couldn't time it. No.

D/Sgt Cross: Would that have been before you left for the Royal?

Dr O'Donohoe: I don't think I can recall at the moment with enough clarity to be able to say yes or no.

D/Sgt Cross: Right. You go on to say that you knew at that stage that something had happened, but you couldn't comprehend how it could have happened, given the sodium level obtained. Does that mean then, Doctor, that you are trying to work out what has caused this episode but looking at the sodium level it doesn't indicate to you that it could have been a factor.

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Dr O'Donohoe: I think. I've tried again, to be specific, but it's actually a very general statement. I knew at this stage that something had happened. But I couldn't understand how it had happened, it's that general, I suppose.

D/Sgt Cross: Given the sodium level obtained, because that suggests to me that at that stage you had the sodium, you had seen the 127 figure at that stage, which would indicate before you went to the Royal?

Dr O'Donohoe: I couldn't verify that, or say it's not the case. I don't have that detailed recollection of that particular sequence of events.

D/Sgt Cross: Right. Well Doctor again it would appear that it's reasonable for us to assume that the bloods were taken, we'll say before a quarter to four in the morning, because you arrive we'll say, at some stage, before half three and you take bloods when you arrive, the bloods go to the lab, so it's reasonable to say that the lab has the bloods at 3.57, which is what their computer printout says, so the technician commences to analyse at about that stage. In your experience during the night how quickly would you expect to get blood results back?

Dr O'Donohoe: It's nothing that I've ever timed to be honest about it.

D/Sgt Cross: No, I'm sure.

Dr O'Donohoe: Again in the middle of the night you're doing other things...as quickly as possible, if you understand. I don't know that I could give you a time and be reliable about it.

D/Sgt Cross: Well I mean, would it be reasonable to say that you would expect the result within 30 minutes?

Dr O'Donohoe: I would normally try to encourage the lab to get me the results as quickly as possible. I don't have any control, you know again I don't have the times and so on. They have a number of things to do and so on and so forth.

D/Sgt Cross: Yes.

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Dr O'Donohoe: So one does one's best to get things as conveniently and quickly as possible, and sometimes you get them very quickly, but other times it can take a long long time depending on, so I don't think I can answer your question in any meaningful way.

D/Sgt Cross: Well again I will still press you on that because you say as soon as possible and sometimes you get them ... quickly and sometimes you wait a long time. To be honest Doctor, that means nothing to me, because I have no experience whatsoever of sending blood tests. I mean I could send a file to the DPP and know that if I get a result in four months that's very quick. If I get it in 2½ years that's very slow and I can tell you that purely because I send files to the DPP on a very frequent basis and over a period of years I know now that four months is very quick, 2½ years is very slow...What I'm asking you is, when you say sometimes you get them very very quickly, what does that mean, does that mean 5 minutes or does it mean an hour? Roughly, I'm not asking you to be specific.

Dr O'Donohoe: If you're talking in general rather than in relation to this case.

D/Sgt Cross: Yes. Certainly generally.

Dr O'Donohoe: If I took the specimen up myself and stood by the machine when the machine was ready to go, ten/fifteen minutes.

D/Sgt Cross: Ok right...And in a situation where another person carries it to the lab, because I believe was it Teresa McCaffrey... and it is in the middle of the night and the man gets up, you say 10-15 minutes but it would be reasonable to assume that the blood result would have been ready within then one hour we'll say.

Dr O'Donohoe: It would depend on what else was occurring in the lab at the time.

D/Sgt Cross: There was nothing occurring in the lab that day.

Dr O'Donohoe: Again I don't actually know and I don't want to go too far down the route of commenting on other people's work practices...because...I have no recollection of the flow of events in that regard.

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D/Sgt Cross: Well Doctor could I ask why you took blood tests or blood sample for electrolyte tests on your arrival in the lab or on the ward?

Dr O'Donohoe: There was a history of diarrhoea over the previous hour or two, it would be a common, a normal response I would say under the circumstances.

D/Sgt Cross: And what use would the test have been to you?

Dr O'Donohoe: If there is abnormalities you try to treat them, if there's no abnormalities you know you have to look elsewhere.

D/Sgt Cross: And since this child is now being bagged at that stage, there clearly is something significantly wrong. Would the blood test have been of significant benefit to you in attempting to establish what was wrong and what you should be treating?

Dr O'Donohoe: If somebody has diarrhoea, which is difficult to quantify, then I think it would be expected that under those circumstances...you would look at the electrolytes.

D/Sgt Cross: So did you do that because it is a routinely expected thing to do, or did you do it because you expected the result will be significant in assisting you?

Dr O'Donohoe: You can't predict the result of investigation that you do, because if you could then you wouldn't do it, you wouldn't need to do it. You would spend your time doing something else.

D/Sgt Cross: Well then, Doctor, in the situation where the child is being bagged and not improving and Doctor Auterson is then called to the ward... one hour later you haven't identified what caused it and you're not sure then what the underlying situation is that you ought to be treating. Isn't that fair to say?

Dr O'Donohoe: Yeah that would be reasonable.

D/Sgt Cross: Well in that situation after one hour would you be thinking where are those blood results, they may help, why are they not here?

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Dr O'Donohoe: ...I can't say how long it took before things started to be clear enough to think where are the bloods.

D/Sgt Cross: But if they hadn't arrived say by the time you went to the Royal which is hours later, would you have thought this is ridiculous?

Dr O'Donohoe: If I had not had blood results at that stage, then the people who would be taking over the treatment would be the people in the Royal...and if there hadn't been results at that stage I guess I would have said well actually we have sent this and this and this and we haven't had the results back, but when I get back I'll call you or I'll try ringing you whatever. I have no recollection of doing that...I can't take it much further than that.

D/Sgt Cross: Doctor, my understanding would be that you took bloods say at 9.00 pm.

Dr O'Donohoe: I don't think I took the first set of bloods.

D/Sgt Cross: Ok, well there's a blood result then we'll say for just before 9.00 pm and that comes in at 137 and then bloods are taken at we'll say at 3.20 or whatever and that comes in at 127...so...the blood sodium has been dropping during the night. When you came in you say that normal saline was running in freely and normal saline has a higher concentration of sodium than the blood would have?...

Dr O'Donohoe: I mean technically it's a 155 millimols of sodium per litre whereas your blood would be 135-145. So it is greater but not a lot greater...

D/Sgt Cross: Right, well for a hyponatraemic child, if you ran in normal saline because...the blood sodium had dropped to 127, and you run in a level at 155 freely you would be increasing the sodium level reasonably quickly?

Dr O'Donohoe: I suppose that is possible.

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D/Sgt Cross: Right so why I'm pursuing this, Doctor, is it appears to me to be reasonable to assume that, we'll say at 3.00 am and at 2.30 am before that, if you go back that her blood sodium was actually lower than 127 and it was the normal saline running in freely that had elevated it to 127?

Dr O'Donohoe: I don't know that I say what you're saying is unreasonable if you understand what I mean, but I don't know how to to know, if you understand what I mean, because obviously there was no blood results before three o'clock.

D/Sgt Cross: (WRC89 is drawn and referred to at this point). So what I'm saying is...that may have been the course that the level took and it dropped here to whatever and at this point they run in the 0.9 per cent and that starts to elevate slightly and therefore it is significant...how much of that normal saline had run in, because if we knew how much of it was in, it may be possible for some chemist to work out how low her sodium may actually have been.

Dr O'Donohoe: I understand the point you're getting at.

D/Sgt Cross: ...Did that possible scenario not occur to you on the night?

Dr O'Donohoe: No.

D/Sgt Cross: Is that...the scenario that made you think of normal saline running in freely?

Dr O'Donohoe: No maybe I haven't made myself clear using the word freely, freely means with no control...as fast as it will go... And that would be something which I don't...allow, encourage or accept nowadays. Even if you have to put in half a litre an hour...you should be saying to yourself, well this is half a litre an hour - put the numbers in whatever it is, rather than running freely. It's the freely part that was the thing that that struck me.

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D/Sgt Cross: ...Doctor,...leaving this particular case and asking you about your experience...as a Paediatrician; a 10 kg child, if any doctor or nurse puts up 500 mls and allows it to run freely, how long would it take to get 500 mls into the child's blood?

Dr O'Donohoe: I don't to be honest have any experience on which to base that...

D/Sgt Cross: Well then, in your experience what would be the fastest rate that you could ever programme to run in?

Dr O'Donohoe: Again it's not a question that I can answer. If you need to give fluids very fast for whatever reason and you can't get it into veins then you give it into bone marrow for example.

D/Sgt Cross: Ok.

Dr O'Donohoe: ...Somebody may have an answer but I wouldn't have any way of answering that question.

D/Sgt Cross: Doctor, in your experience on the ward has it happened before that you would give instructions in regard to fluid management and those have not been properly recorded by your juniors and Doctor Malik in particular?...

Dr O'Donohoe: I'm not sure that I can meaningfully comment on that...it's such a long time ago.

D/Sgt Cross: Again in your experience does it happen...in the Erne in the Children's Ward, that nurses would proceed to administer fluids before the doctors have written the prescription?

Dr O'Donohoe: I can't say that I ever physically saw that happening, but again going back to this case if I'm not there I can't actually tell you with complete confidence what...

it's always been the case that a fluid prescription is a written document and that fluid is put up in the terms of the document written...

Dr O'Donohoe: As I understand it, that it still is the case - that fluid prescription is written by a doctor.

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D/Sgt Cross: And is it your opinion that the proper procedure in this situation is for the doctors to decide on which fluid, and how much of it, and by which route, is to be given to the patient, and to write that down?

Dr O'Donohoe: The doctor who is prescribing the fluids should...write it all together.

D/Sgt Cross: Ok. And the nurse should then consult that and administer the fluid according to the written prescription?

Dr O'Donohoe: That's the whole purpose to the prescription, as I understand it.

D/Sgt Cross: What would your view be of the doctors not writing the prescription and a nurse administering some fluid to a child without a written prescription?

Dr O'Donohoe: Are we talking this particular case or are we talking in general?

D/Sgt Cross: Generally.

Dr O'Donohoe: Again it may be outside the remit of the questions you are asking, but there are situations for example, different nurses have trained to what is called Nurse Practitioner level.

D/Sgt Cross: Yes.

Dr O'Donohoe: So there would be more freedom to do things, so in that sense there are situations I could imagine it.

D/Sgt Cross: Right ok. And would it be expected that the doctor then would record the prescription retrospectively to keep the record right?

Dr O'Donohoe: In that particular context it would have to be defined for each individual unit, so in a theoretical sense I'm talking theoretical or what I understand happens in other places.

D/Sgt Cross: Right.

Dr O'Donohoe: I don't as far as I know that was not working practice within the Erne.

D/Sgt Cross: Right. Do you recall Doctor discussing with Nurse Swift how much fluid she had administered?

Dr O'Donohoe: I've no recollection of a specific conversation with Nurse Swift about the issue, afterwards I'm presuming you mean.

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D/Sgt Cross: No, I mean even on the night in question when you were called in at 3.00 am, do you recall a discussion as to how much fluid had been given?

Dr O'Donohoe: I did try to find out how much had been given...
But I honestly cannot remember who I asked and who was present on the ward and who might have been away and so on and so forth.

D/Sgt Cross: If you came in on that situation how would you expect to be informed as to the amount of fluid given?...

would you normally summon a nurse and ask, or would you normally go to the records and check the records? What is the normal way for you to look at that?

Dr O'Donohoe: Both of those, you would ask everybody and then you would try to consult whatever records are present.

D/Sgt Cross: Both, right. And do you recall checking the records?

Dr O'Donohoe: I can't recall in any detail to be honest from that night.

D/Sgt Cross: Right. Doctor Crean rang and queried the fluids; do you recall what the nature of his query was?

Dr O'Donohoe: I think it was a query to say what fluids were you giving, that's my recollection or what was the fluids administered words to that effect. I think we had faxed the fluids sheets to him, but I can't remember if that was before or after his telephone call.

D/Sgt Cross: And do you recall what answer you gave?

Dr O'Donohoe: Again not in great detail to be honest about it.

D/Sgt Cross: Well do you recall telling him which type of fluid that it was? Number 18, or it was normal saline?

Dr O'Donohoe: No I don't.

D/Sgt Cross: Do you recall was there a dispute or an uncertainty in your mind or between you and the nurses even at that early stage as to exactly what had been given?

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Dr O'Donohoe: That would have been later on that morning, 10/11/12 o'clock. None of the nurses who would have been involved were around, their shift had finished so I didn't have any opportunity, at least this is my recollection, to discuss it. From a practical point of view, what I understood from Doctor Crean, that what he wanted was to make sure whatever documents were available, which we made sure were faxed up to him.

D/Sgt Cross: And would you have felt...an obligation to, in the absence of the nurses...to attempt to assist Doctor Crean to confirm exactly how much of what fluid had been given to Lucy?

Dr O'Donohoe: Yes, and I think the main,...under those circumstances would be to make sure they had whatever copies of whatever information he wanted.

D/Sgt Cross: And is it your recollection from reading the notes in the absence of the nurses, that you were able to actually confirm exactly how much of what fluid had been given?

Dr O'Donohoe: I don't think I could have done that, I wasn't there at the time, so I suppose reading notes is you know a start as it were, but unless you are there, I don't know how you actually know what happened.

D/Sgt Cross: Right. Would it not be...fair to say Doctor, that if the fluid balance chart had been properly completed, any Doctor should have been able to look at it and say this is what the child has received. That's the purpose of it - to record how much has been received.

Dr O'Donohoe: If everything that's done is recorded, then it's a simple matter to read it.

D/Sgt Cross: ...Is it your recollection that the fluid balance chart was insufficient to tell anyone exactly how much the child had got, and of what?

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Dr O'Donohoe: I don't have a detailed recollection of it, but I felt between Doctor Crean's phone call, and... not having the child on a ventilator, and so on, that I should have let Doctor Kelly know what had happened... I wouldn't have done that, unless I had some disquiet... I don't know exactly which feature in detail would have been the one that sparked the thought in my mind.

D/Sgt Cross: Well ... Doctor I think everyone is agreed that there is confusion in regards to the fluids, nobody is actually certain what the child was given, by way of quantity, I think we're all agreed that it was number 18 to start with and then normal saline, but the actual quantity given is uncertain. In that you are not certain now what you said, what your instructions were, Doctor Malik had a role, Nurse Swift is saying differently to you and the fluid balance chart doesn't really tell the full picture either. Could I ask you to summarise where you think this confusion had arisen or how?

Dr O'Donohoe: Well we spent a couple of hours talking about it.

D/Sgt Cross: I appreciate that.

Dr O'Donohoe: And I think to summarise you know is a long ... in some respects a complicated story, you know I've taken three pages to try and make it as clear as possible. I don't think I can summarise you know in a couple of sentences, I think I've done my best to be as clear as I can without you know writing too much as it were. I don't know how to summarise.

D/Sgt Cross: Right well Doctor is it fair for me then to summarise it like this, to say that proper procedure on the ward is that a Doctor will decide how much fluid and which type of fluid and by which route a child will receive. The Doctor ought to calculate and establish those facts?

Dr O'Donohoe: Yes, well a doctor, we're coming back to what we've said before a doctor should prescribe the fluids yes.

D/Sgt Cross: And then the Doctor, a Doctor should write that down?

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Dr O'Donohoe: Yes it's a prescription.

D/Sgt Cross: Then a nurse should read the prescription and should administer what the doctor has written down.

Dr O'Donohoe: That's what I understand to be normal working practice.

D/Sgt Cross: And the nurses should then, during the period of time the fluid is being administered, the nurses should record how much is being received of what fluid on the balance chart?

Dr O'Donohoe: That's my understanding of normal practice.

D/Sgt Cross: And... it appears to be to be fair to say, that there is no record anywhere contemporaneously or nearly contemporaneously of your instructions to Doctor Malik - that is not recorded?

Dr O'Donohoe: Again I don't know that I can clarify it any more than I have, in what I've written.

D/Sgt Cross: And Doctor would you agree that having read the notes, that Doctor Malik has not written a fluid prescription for Lucy?...

Dr O'Donohoe: It's not a complete prescription.

D/Sgt Cross: Correct, and Nurse Swift went ahead and administered a fluid without that?

Dr O'Donohoe: I, I'm not sure if I'm in a position to tell you exactly what Nurse Swift did, because you know I wasn't physically on the premises, I can't actually say exactly what she did.

D/Sgt Cross: Well since you were the Consultant on the Ward and things went seriously wrong, I assume that you did attempt to establish that?

Dr O'Donohoe: ...When called in at three o'clock I did try to establish it, but as you can see I did, at the first chance I could get my hands on Doctor Kelly, passed the notes to him.

D/Sgt Cross: I appreciate that.

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Dr O'Donohoe: Now again I suppose the significance of that to me would be obviously some disquiet in my mind, although the finer details I can't recall. But I did then try to make sure that it wasn't just an issue of me looking at everything.

D/Sgt Cross: Right. And Doctor could I ask you has it occurred to you at any stage, that this rather rough draft (WRC89) I have drawn could have been the actual blood...sodium?

Dr O'Donohoe: ...there is no possibility that you can conjure up that I wouldn't have tried to use to work out in this. This is a very unusual occurrence and one makes ones best effort to try even in retrospect as to understand it. So I don't know there is any speculation you could come up with that I wouldn't have tried to analyse the situation myself.

D/Sgt Cross: Do you recall, Doctor, with whom you discussed Lucy by telephone and in person in the Royal Belfast Hospital, now other than Doctor McKeague...

Dr O'Donohoe: Doctor Hanrahan rang the following day to say he had done the brain stem testing.

D/Sgt Cross: Right. And that would be the extent of your liaison.

Dr O'Donohoe: Yes.

D/Sgt Cross: And you reported your concerns to Doctor Kelly as you have recorded here, the following morning. Do you recall what you would have reported to Doctor Kelly or did you make a record of what you actually told him?

Dr O'Donohoe: I don't remember making a record of it and I don't remember in great detail the conversations.

D/Sgt Cross: Right. You, I'm sure, Doctor would have seen the Insight Programme that Trevor Birney ran...?

Dr O'Donohoe: I have seen it once.

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D/Sgt Cross: Right and you recall that two actors who are playing the parts of Doctor Malik and Doctor Asghar, play out a conversation between the two, which I believe is a representation of what Doctor Asghar told the television producers. And in that it is suggested that you brought some pressure to bear on Doctor Malik in respect of this whole matter. Do you recall that part of the film or the documentary?

Dr O'Donohoe: And again if I'm to be entirely honest I watched it in the presence of my wife, who was very upset by it.

D/Sgt Cross: I can understand...

Solicitor: I really don't think it's an appropriate question, because it's only a piece of television journalism and its reliability is questionable.

D/Sgt Cross: Right. Well could I then ask did you have a conversation with Doctor Malik in which you suggested to him that he could be blamed for all this?

Dr O'Donohoe: I have no recollection of such a conversation. It would not be... my style.

D/Sgt Cross: Do you recall asking him if he was covered by insurance?

Dr O'Donohoe: I'm sure I have done at various times, because normally when new doctors start we do an induction and these are the things you need to make sure you have done. So I'm sure, I can't say I'm sure I would have done it, but it's not at all unlikely that I would have said whenever he started as I do everybody.

D/Sgt Cross: Right but...in the days immediately following the difficulty with Lucy, do you recall asking Doctor Malik if he was insured?

Dr O'Donohoe: I don't recall doing so. I'm sure I would have talked to him because any episode like that,...it's very unpleasant for everybody, so you would have talked and the conversation depends on what one person asks and...you know I can't remember the ebb and flow of the conversation to be honest about it.

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D/Sgt Cross: Doctor, do you recall suggesting or asking Doctor Malik if he wanted to make any further additions to the medical notes?

Dr O'Donohoe: Again I don't specifically remember that.

D/Sgt Cross: Well, Doctor, you don't recall those particular aspects of the conversation I put to you. Do you recall having a conversation at all with Doctor Malik in relation to the events surrounding Lucy's death?

Dr O'Donohoe: I'm sure I must have had a conversation, it would be a normal human response, I think to say to raise it.

D/Sgt Cross: But are you saying you don't recall actually having it, you assume you did, but you don't recall the conversation.

Dr O'Donohoe: I had left the notes with Doctor Kelly, and therefore in a sense I had handed over to him, that there, whatever it was that had led me to that, but I had done that, so I wouldn't have had the kind of conversation that I might other wise would have had with him, it was more I suppose one human being talking to another.

D/Sgt Cross: Right. Do you recall, Doctor, discussing Lucy Crawford's treatment with Doctor Asghar?

Dr O'Donohoe: I've no recollection of that.

D/Sgt Cross: Do you recall, did he approach you about it, I'm not addressing the letter, I know that that happened, but do you recall did he attempt to discuss it.

Dr O'Donohoe: I've no recollection of that, but..I believe I would recall it if he had done so.

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D/Sgt Cross: Right. I think Doctor it's only fair to give you an opportunity to respond to Doctor Asghar's position on this. He has alleged that you made a mistake on the night in question and that led to the death of Lucy, in relation to the fluid management, that's what Asghar is alleging and he also alleges that you had a highly inappropriate conversation with Doctor Malik. Now is there anything you want to say, because I am aware your relationship with Asghar was difficult. Is there anything you want to say to me for my information as to why Doctor Asghar may be saying those things?

Dr O'Donohoe: It's something that hasn't come up in my conversations with Ms Wylie,... it wasn't raised.

D/Sgt Cross: To discuss that.

D/Con Hall: The tape is near finished anyway.

Dr O'Donohoe: We may have just missed it out possibly in our discussions.

D/Sgt Cross: It's no problem. It's 1247, what time did we start?

D/Con Hall: 1206.

D/Sgt Cross: We have only three minutes, would you be happy if I continue and then you could discuss at the end of this tape and we would finish.

Ms Wylie: Yes.

D/Sgt Cross: We will go to a different issue. You have described your contacts Doctor with the Royal Belfast Hospital. You were saying you liaised with Doctor McKeague and then latterly... with Doctor Crean in the telephone call, after you had returned to the Erne and then you had a telephone conversation with Doctor Hanrahan in relation to brain stem tests. Can you recall any other contacts with the Royal Belfast Hospital for Sick Children in relation to this. You know in the fairly early stages?

Dr O'Donohoe: I don't recall any other conversations no.

D/Sgt Cross: Doctor, did you have any contact with Pathology at the Royal Victoria?

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Dr O'Donohoe: No.

D/Sgt Cross: At all.

Dr O'Donohoe: No. No I've no recollection of having any.

D/Sgt Cross: And did you have any contact with the Coroner's Office in relation to these facts?

Dr O'Donohoe: No.

D/Sgt Cross: You... have mentioned the fact that you had a meeting with the parents didn't you?

Dr O'Donohoe: Yes, the second last page...

D/Sgt Cross: Is it true that the parents wrote and asked you for that meeting or telephoned and asked, but it was at their request?

Dr O'Donohoe: I'm sorry I don't actually recall, I don't recall.

D/Sgt Cross: Can I ask, Doctor, what was your role in the review that Mr Fee and Doctor Anderson conducted?

Dr O'Donohoe: I had no role in it.

D/Sgt Cross: Were you interviewed by them for that?

Dr O'Donohoe: No.

D/Sgt Cross: Did you submit anything in writing to it for their information?

Dr O'Donohoe: I think I probably, I'm sure I must have submitted a report, I'm sure I must have.

D/Sgt Cross: Ok. And did you have any input into the selection of Doctor Quinn as an independent expert?

Dr O'Donohoe: No.

D/Sgt Cross: How did you know that Doctor Quinn had been selected?

Dr O'Donohoe: Somebody must have told me, Doctor Kelly I guess, but I honestly couldn't be a 100 per cent sure.

D/Sgt Cross: Did Doctor Quinn work in the Erne, conduct Clinics there, while you were there?

Dr O'Donohoe: No.

D/Sgt Cross: Would you ever socialise with Doctor Quinn?

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Dr O'Donohoe: No.

D/Sgt Cross: I think we'll terminate there, it's 1251 and we'll stop the tape.