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Ms Dillon
The Inquiry into Hyponatraemia-related
Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Our ref: LRL/M778
Your ref: AD-0268-11

5th November 2012

BY EMAIL ONLY

Dear Ms Dillon,

Re: My Client – Dr Thomas Roger Stevenson

We acknowledge your further Witness Statement request for Dr Stevenson (WS 139/3), arising out of Dr Webb's further witness statement (WS 138/3). Dr Stevenson is, of course, happy to provide a further witness statement to assist the Inquiry and we are in the process of taking instructions in this respect and will provide you with his account as soon as possible.

We do, however, wish to raise a number of concerns arising out of Dr Webb's latest witness statement and the circumstances which surrounded the need for the Chairman to direct that it should be produced. We would be grateful if you would draw these concerns to the attention of the Chairman. If appropriate, we have no objection to a copy of this letter being provided to other parties to the Inquiry. Indeed, we would welcome it because the points we make may well affect others.

You will recall that:

- During questioning by Counsel to the Inquiry of Dr Stevenson on 16th October 2012 (Day 45; page 129 et seq.), Mr Sephton, QC (acting on behalf of Dr Webb), interrupted and, without having given any notice of his intention to do so, put to Dr Stevenson:

Mr SEPHTON: "If I could help here: Dr Webb's recollection is that he had to go away to consult his notes that he had from Vancouver in order to find out what the midazolam doze was, do you remember that?"

A. "No."

MR SEPHTON: "He came back and said to you that, "The dose in my notes is 0.15 milligram per kilogram";

A. "I don't remember that."

MR SEPTON: "Okay, thank you."

- Later on the same day, after Dr Stevenson had completed his evidence for the day, the Chairman raised his concerns as to this intervention. During an exchange between Mr Sephton and the Chair, Mr Sephton stated that:

"My instructions are that Dr Webb reached the conclusion that midazolam should be prescribed. He didn't know what the appropriate dose was, so he had to go to his office to look at what the appropriate dose was in his notes that he took when he was practising, when he, Dr Webb, was practising in Vancouver. I abbreviated what should have been put. He then telephoned Dr Stevenson and told him that the appropriate stat dose was 0.15 milligrams per kilogram."

- However, in his recent Witness Statement (138/3) Dr Webb now recalls that:

"I believe I was contacted about Claire Roberts after the seizure that she had recorded in the Nursing Notes at 3.10 on October 22nd 2012. I believe this contact was made by a Doctor but I cannot recollect by whom. I believe I suggested Midazolam as the next option for Claire but I would not have been certain of the dose and would have had to check this by reviewing papers kept in my office. I believe my communication with the Medical staff in relation to this was most likely to have been by phone as I did not attend the ward until sometime later and did not write the dose myself in Claire's notes. I cannot recall for certain the dose that I recommended but I believe this would have been a loading dose of 0.15mg/kg. I believe that this is because this was the dose recommended in the principle paper describing midazolam use in this situation at the time – Rivera R et al (Crit Care Med 1993; 21(7) 991-994). There were several other shorter papers recommending a similar bolus dose".

- You will, of course, be aware that, in his second witness statement (WS-138-2) at page 13, Dr Webb made no reference to the Rivera article, referring only to a publication from 1997. Indeed, Dr Webb went further in that second witness statement, because he claims that he:

"did not have a textbook reference for intravenous Midazolam dating to 1996".

It is, therefore, at the very least, unclear as to precisely what documents Dr Webb is now saying he referred to. It is also unclear whether, the Rivera article is said now to be the *"notes he took when he was practising in Vancouver"*.

- In Dr Webb's initial witness statement (WS-138-1 Page 30) he indicated that he could not recall being contacted to review Claire later that afternoon but would have planned to do this in any event to see if she had responded to the treatment that he had suggested. Furthermore, in response to Question 21 in WS-138-1; page 31, Dr Webb appears to suggest that he was present on the Ward at or around 3.25pm. As the Chairman rightly emphasised during discussions with counsel, absolutely no reference was made to the "recollection" which had just been put by Mr Sephton (and which has now been corrected).
- Finally, in his most recent statement, Dr Webb explains that he did not personally check the record of the midazolam prescription because it was not his normal

practice to check the arithmetic for the calculation of the doses of phenytoin and midazolam.

Dr Stevenson will, of course, do everything he can to assist the inquiry by providing any recollection which may be prompted by these various versions. However, that task is made more difficult by the unsatisfactory and contradictory nature of the various different versions of events, some of which are now being given for the first time now by Dr Webb, first through his counsel and now by way of a further witness statement, differences which the Inquiry might think cannot be entirely explained by the effect that time has on the memory.

In particular,

1. It is now not clear whether Dr Webb is saying that he went to see (and examine) Claire Roberts before going off to look at his notes at some time before 3.25 pm;
2. It is not clear when this examination/telephone call took place since it seems unlikely that it can have been after the seizure at 3.10 pm (Mrs Robert's clear recollection, of course, is that the seizure was at 3.25 pm) since it may be supposed that this would not have left sufficient time for Dr Webb to go off, check his notes and return/call back before the prescription is recorded as having been given at 3.25 pm;
3. It is not clear whether he is saying now that he returned to the Ward to give Dr Stevenson instructions as to what dose to give or whether he telephoned or spoke to someone else;
4. It is also now not clear that instructions were given as to the bolus dose since Dr Webb now says that he cannot now recall (despite what his counsel put to Dr Stevenson); and
5. Finally, it is not clear what Dr Webb's recollection is as to the source of his information as to the appropriate dose.

We raise these inconsistencies because the questions put to Dr Stevenson in the most recent witness statement are put on a particular basis and one which may or may not be Dr Webb's account, namely that:

- a) a telephone conversation did, indeed, take place between Dr Webb and a member of medical staff at or shortly after 3.10pm (when this is now only one of Dr Webb's versions of events); and
- b) that Dr Webb did not attend the Ward at that time (when his Counsel put a different version of events to Dr Stevenson, presumably on instructions); and
- c) That Dr Webb telephoned to give instructions on the bolus dose (when his counsel again put a different version of events to Dr Stevenson in evidence).

We make one further observation. Although of course a matter for the Inquiry, the Chairman indicated that he would expect Dr Webb's statement to explain how it comes about that Dr Webb has failed to mention any of this in the deposition he made to the coroner or in his previous statements to this Inquiry (see the Chairman's comments in the transcript day 45 page 216).

We note that Dr Webb does not appear to have complied with this request, nor has he provided any explanation as to how, if he was aware that it was an incorrect dose, he could possibly have missed the reference to the incorrect midazolam bolus dose error when he

looked at the clinical notes at 5 pm and made a further note referring to the dose (090-022-055) and on every subsequent occasion when he has looked at the notes until being asked to deal with it for the Inquiry.

Nor has he given an adequate explanation as to why he failed to notice the incorrect bolus dose of midazolam. The explanation given, namely that it was not his practice to check others' arithmetic is obviously not a satisfactory one since no arithmetical check would have been needed for him to notice the incorrect dose which appeared on the very same page as his note at 5 pm which, itself, specifically referred to the incorrect prescription. It would obviously be helpful to us to know if the Chairman is intending to ask for any further statement or explanation from Dr Webb to deal with any of these outstanding issues.

Having made those observations on Dr Stevenson's behalf, we shall do our best to provide you with a response as soon as possible, notwithstanding the concerns which we have raised.

Yours sincerely,

Carson McDowell LLP

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