

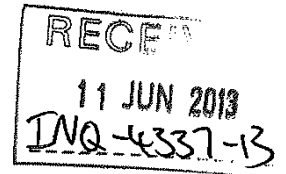
# m<sup>c</sup>kinty and wright

SOLICITORS

Our ref: JMCK/PMcD/CH/M8/259  
Your ref: AD-0445-12

11 June 2013

The Chairman  
The Inquiry into Hyponatraemia-related Deaths



**By E-mail:** inquiry [REDACTED]

Dear Sir

**Re: Dr Hanrahan**

We have been provided with copy correspondence from Carson McDowell dated 6<sup>th</sup> June 2013 in respect of Dr Quinn. We understand that the issue raised in that letter were the subject of submissions at the hearing on Friday 7<sup>th</sup> June 2013.

The Inquiry has been urged to engage further expert opinion in respect of the clinical causes of the Lucy Crawford's death. This request is based on the fact that critical comment has been made by Professor McFaul of some of the clinical conclusions reached by Dr Quinn.

The same point would apply to Dr Hanrahan. We refer you to paragraph 623 of Dr McFaul's report where Professor McFaul identifies Dr Hanrahan's omission to seek an explanation for Lucy's death as a "significant failure". He states:

"His lack of appreciation of the significance of both level and rate of change of the blood sodium was in part understandable in the context of the knowledge available at the time but if he had conducted a fluid management review and referred to texts and published literature it would have been clear to him that the fluid types and volumes used had probably been contributory or causative".

Dr Hanrahan took issue with this in his evidence to the Inquiry. It does appear to us inequitable that a paediatric neurologist such as Dr Hanrahan should be subject to strident criticism on this issue by another clinician who has no specific expertise in paediatric neurology.

We note that the representatives of Dr Quinn contend that this situation warrants the requisition of further expert evidence. We can see the merit in that proposition. However, we are mindful also of the sensitivities of the Crawford family and of the narrow remit of the inquiry in respect of the clinical circumstances of Lucy's death. It is our submission that the better course, given those sensitivities and the constraints imposed by the Inquiry's revised terms of reference, would be for the Inquiry to no longer pursue criticism of Dr Hanrahan on the issue identified above which appears at bullet point 12 of the Salmon letter issued on 29<sup>th</sup> May 2013.

Yours faithfully

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