

STATEMENT OF WITNESS

STATEMENT OF BOON LOW

DATED THIS

DAY OF

2008

I, BOON LOW, declare that this statement is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence at the Inquiry, I will be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

1. The Inquiry has disclosed a number of documents to me. Where I make specific reference to a document in my statement I have given the number of the relevant page.
2. On the night of 26/27 April 1997, I was the Senior House Officer (SHO) on duty in the Accident and Emergency (A&E) department at Craigavon Area Hospital. I was the only doctor on duty in A&E that night. I do not recall when my shift started or when it ended and I do not recall whether the night in question was busy.
3. I can confirm that the notes contained at page 38677 are mine and that it is my signature next to "Dr. Sig:" on the form. The notes give a time of 0215 which is when I wrote them up. These notes states that Mr Hamill arrived at the hospital at 0206 on 27 April 1997.
4. Mr Fannin states in his discharge summary contained at pages 38551 to 38552 that Mr Hamill was brought in by ambulance at 0245 on 27 April 1997. I am unable to explain why Mr Fannin gives this later time. The triage form at 38972 gives the time as 0205 and the A&E notes at 38677 say 0206.

5. I am unable to say whether I was the first member of staff to attend to Mr Hamill. It is usually a nurse who gets there first, sometimes the receptionist. The notes at page 38677 state that Mr Hamill was brought in by ambulance. I am unable to comment on whether or not the ambulance gave a warning of the conditions of the patients before they arrived at A&E. I have not noted it in my notes and I would not usually record such information in the normal course of treating a patient. I do not recall the ambulance crew mentioning if Mr Hamill had been given oxygen while he was in the ambulance but it would be standard practice to do so where a person has airway compromise. I do not have any recollection of what, if anything, the ambulance crew told me about Mr Hamill's breathing.

6. As I wrote my notes up at about 0215 I must have attended to Mr Hamill around that time or a few minutes before. The procedure I follow is that I see the patient first and then write my notes up. I would have completed the form from the history section downwards and the primary nurse would have signed the form at the bottom when the patient episode was completed i.e. when the care given to the patient was completed. I presume that the time 0435 at the bottom of the form is the time when Mr Hamill was transferred out of Craigavon Area Hospital.

7. I have written in the notes at 38677: *Assaulted? Hit on the left side head by bottle. Attacked by 9 people.* I would obviously have got this information from someone and it cannot have been from Mr Hamill as he was unconscious at the time. I could have been told by the ambulance crew or by anybody who was with Mr Hamill at the hospital.

8. I am unable to recall if anyone was in the ambulance with Mr Hamill. There is nothing recorded on the triage form contained at page 38972 that indicates who was in the ambulance. Such information would now be recorded on an ambulance transfer sheet but I am unsure it was current practice in 1997 to require the use of ambulance transfer sheets.

9. I gave a statement to the police investigating the attack on Mr Hamill which is dated 7 May 1997 and contained at page 673. In this statement I say that I attended to D who had a scalp laceration and a small cut in his scalp. Referring to my A&E notes for Mr D contained at page 38950, I see that I have noted in the first part of the history that Mr D had been walking down the road with his wife and he was attacked by 30 people, then punched and kicked. This information is also recorded in my statement of 7 May 1997. I have not recorded where I got these details from but it could have been from Mr D himself, or from both him and his wife. I have also noted in my notes at 38950 that: *Wife had said that [D] was unconscious for approximately 10 minutes.*

10. Nothing in my notes indicates that Mr D gave me information about Mr Hamill's injuries and I do not recall him giving me any such information. I have a recollection of somebody telling me they were set upon by a mob of people and that there was an RUC member nearby but they did not get any help from the RUC. I cannot remember who told me this or even whether it was in the context of this case. I do remember it was a man who gave me the information, and he was very upset.

11. My statement of 7 May 1997 records that Mr D admitted to drinking seven pints of beer that evening. I do not recall whether Mr D's blood alcohol level was ever taken. Because the patient was conscious, there was no indication that the alcohol level was needed. Mr Hamill's blood alcohol level was checked when he was admitted to A&E and the level is recorded in the laboratory report contained at page 38674 as 221.

12. Without looking through all the patients who presented around those dates, I am unable to recall whether I was involved in attending to any other person who arrived in the ambulance. I would usually see a few people during the evening but I do not specifically recall anyone else who was involved in this particular incident.

13. I do not recall any police officers being present, or arriving, during the period Mr Hamill was in A&E that night. It is not something that would be recorded in the notes. I do not have any recollection of what information, if any, was given to the police in respect of Mr Hamill's condition and I do not recall speaking to police officers either directly or on the telephone. This happened nine years and police come into the hospital and talk to family members all the time. Police officers may have attended the hospital that night, but I cannot recall if they did.
14. My understanding of the triage form contained at page 38972 is that it contains all the information gathered by the triage nurse when a patient is presented. The information usually comes from the patient themselves. As Mr Hamill was unconscious, he obviously would not have given any information. The nurse would also document the vital signs of the patient on arrival and the severity of the injury. I did not fill in any part of this document and I am unable to explain why Mr Hamill was categorized as urgent rather than critical.
15. The nursing care plan contained at pages 38665 to 38666, and the input output chart contained at pages 38667 to 38668, would have been transferred to the Royal Victoria Hospital (RVH) with Mr Hamill. The writing at the bottom of the nursing care plan at page 38665 looks quite like my writing but I do not think it is. I certainly did not complete any other part of the form. The writing at the top of the document where it says "bloody ++ face + head" would have been completed by a nurse. I am unable to assist with an explanation of what that is referring to. The plan would have been completed some time during the period when Mr Hamill was in the Craigavon A&E department i.e. between 0206 and 0435 on 27 April 1997.
16. I did not complete the "inpatient follow up and out-patient notes" form, contained at pages 38669 to 38670. I note that the doctor who completed this form records speaking to someone in the Neurosurgery department at the RVH. I do not recall speaking to anyone at the RVH regarding Mr Hamill.

17. My clinical finding after my initial examination of Mr Hamill was that he was unresponsive. I have refreshed my memory from my notes at 38677 as to his condition. I noted that Mr Hamill was breathing but there was evidence of upper airway obstruction and he would not open his jaw. I was trying to insert an airway into his mouth to lift the tongue out of the way to help with the breathing as this is the common cause for something obstructing the airway, but his jaw was clenched tight.
18. It is difficult to comment on why Mr Hamill's jaw was clenched but, having read the documents, I believe he had cerebral irritation which causes spasms and can lead to involuntary clamping of the jaw. This can occur during an epileptic seizure but in such cases it would occur throughout the whole body. I think it occurred in Mr Hamill's case because he already had injuries to his brain and his jaw then clenched.
19. Mr Hamill's oxygen saturation was 75% which is a very life threatening level of oxygenation. It was there for necessary to 'bag him'. By this I mean putting a mask over his face and squeezing a bag which delivers oxygen to help him breathe. In effect, blowing air into his lungs. I was able to tell there was upper airway obstruction because Mr Hamill was breathing noisily which is usually a telltale sign of upper airway obstruction. His circulation appeared to be stable. His pulse was 100 and his blood pressure was 160/103.
20. Mr Hamill also had a disability in that his Glasgow Coma Scale (GCS) rating was 5 out of 15. The GCS is a measure of a patient's level of consciousness. The minimum score is 3 and the maximum is 15. A rating of 5 out of 15 would be very unconscious. Mr Hamill was given 5 rather than 3 because he was able to move his right foot with pain, although he was not opening his eyes and there was no verbal response at all. His pupils and cornea were reacting and his left knee reflexes were decreased. I also noted that there was no open injury I could find, his abdomen appeared to be soft and there were no obvious limb fractures.

21. I did not note that Mr Hamill had any bruising. That does not mean that there was not any bruising. Mr Hamill had a life threatening condition and the priority was to sort out his airway so it could deliver oxygen for him to remain alive. I therefore was not looking for any bruising. I note in the autopsy report contained at pages 9559 to 9569 that there was evidence of bruising but I cannot comment on when this occurred. However, I think that if there had been obvious bruising then I would have recorded it. I also did not note that Mr Hamill had any bleeding. Again, there may have been bleeding but it was not a significant feature compared to his airway compromise.
22. The triage form at 38972 states that Mr Hamill had a wound to the back of his head. I probably would not have examined the back of his head as I was prioritising the life-threatening condition. I can say that the use of the word "wound" could mean anything from an open wound to an abrasion which would not bleed much. The severity of an assault may quite often not correlate to the actual clinical condition. Therefore, although I can say that Mr Hamill was in a severe clinical condition, I cannot actually comment on the severity of the assault since I was not at the scene of the incident to witness the degree of force used.
23. I have no recollection of what Mr Hamill was wearing when I examined him or if there was blood on this clothing. I do not recall helping to remove his clothing and I do not recall what was done with his clothing. The procedure nowadays if a patient's property is removed is to list the items and put it in a bag. I do not recall the procedure for dealing with clothing at CAH in 1997. It would not be something that I would be involved in.
24. The anaesthetist would have been called immediately as soon as we recognised there was an airway problem. The anaesthetist can be identified as Dr Paul Gormley from his notes, which appear in the inpatient follow-up and outpatient notes contained at 38670. It is not noted in his notes exactly what time he was there but he would have arrived within about five minutes of being called because he was in the hospital.

Anaesthetists have special skills to do with the airway and have special training to paralyse the patient. Anaesthetising Mr Hamill to paralyse the muscle would have allowed the Mr Hamill's jaw to be opened. Mr Hamill was given Thiopentone, which is an induction agent, and Suxamethonium, which is a paralyzing drug and he was intubated using Rapid Sequence Induction. Mr Hamill may have been put on the ventilator or squeezing of a bag may have been used to do the breathing for him but it is not stated in Mr Gormley's notes which method was used. I would not have been able to check the airway for the obstruction when Mr Hamill was ventilated. However, Mr Gormley would have had a very good view down the airway when he opened it to insert the tube so he would be able to say if anything like blood or vomit was causing the obstruction.

25. Mr Hamill had various samples taken for tests whilst at CAH. The blood test results are shown on the laboratory report at 38673. These show that his haemoglobin was 16.2, which is normal. He had not been bleeding excessively for a period of time when the blood was taken. The results at page 38674 show that he had electrolytes and urine taken. He also had his blood sugar and blood alcohol level tested. An arterial blood gas analysis would also have been carried out. Mr Hamill had an x-ray of his chest, skull and cervical spine. This is shown on my notes contained at page 38973. I note that, while the document at page 38973 is a duplicate of page 38677, there is an extra entry on page 38973 which mentions the x-rays. This indicates to me that 38677 was a photocopy of 38973, probably done before the x-ray. It would have been photocopied for transfer purposes.
26. The next stage in Mr Hamill's treatment once he had been stabilized would have been to carry out a CT scan because it was felt that the reason Mr Hamill was unconscious was that he had a brain injury. The inpatient follow-up and outpatient notes at page 38699 show, however, that the CT scanner at CAH was not working that night. I believe these notes may have been made by the surgical consultant, possibly the surgical SHO. Dr Gormley also noted in the notes at 38670 that the CT scanner was not working.

27. Had the CT scanner at CAH been working, I imagine we would have been slower to discharge Mr Hamill. His clinical condition made it obvious that he required neurosurgical care to establish if he had a life threatening brain condition, possibly a bleed. I do not think it is actually stated in the notes who made the decision to transfer Mr Hamill to RVH. I would imagine it was a joint decision between me, the anaesthetist and the surgeon.
28. I am unable to say when I last examined Mr Hamill before he was transferred. It is clear that I would not have been able to do everything I did with him, such as putting in a catheter and sending the bloods away, in the nine minutes between 0206 and 0215, the latter being the latest time I have written in my notes. I imagine the latest time I attended to Mr Hamill would have been about 0300- 0330. I do not recall noticing any bruising or bleeding at that stage, my primary concern being the possible brain injury.
29. I have been asked whether, in my view, it would have made a difference if Mr Hamill had received first aid at the scene and whether the type of first aid also would have made a difference. As I see it, this is a question of whether the cause of death was the primary injury itself or a prolonged period of hypoxia, i.e. starving the brain of oxygen.
30. I have read the post mortem report where the finding was that there was diffuse axonal injury. This is where there are shearing forces on the brain cells themselves. If that was the cause, and the pathologist seems to be pretty certain about this, then I would imagine that the primary cause of injury to the brain was these shearing forces. The other question is whether there was a period of hypoxia which was prolonged which could have contributed to the injury of the brain. It is possible that there was a period of hypoxia which would have contributed to his death. There was certainly a short period of hypoxia in A&E but this was resolved with intubation. I am not sure how long the period of hypoxia was. I do not know whether it occurred in the ambulance or even before the ambulance arrived, or if it

just occurred in A&E. However, I do not think the pathologist found any evidence of hypoxic brain injury. If it was definitely established that there was no hypoxic brain injury, then whatever the passers-by did to Mr Hamill would not have prevented his death.

31. I do not recall the exact circumstances of how I came to be contacted by the police with regards to my statements being taken or my giving evidence at the R v. Hobson trial.

SIGNED: 
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BOON LOW

DATED: