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05 OCT 2006

STATEMENT OF WITNESS

STATEMENT OF JOHN PATRICK McCANN

DATED THIS 21ST DAY OF August 2006

1. I, JOHN PATRICK McCANN, Consultant in rehabilitation medicine at the Royal Victoria Hospital an address known to the Robert Hamill Inquiry, 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.
2. In April 1997, I was a consultant in rehabilitation medicine at the Royal Victoria Hospital. My department is responsible for assessing patients' rehabilitation needs. I had a regular commitment to the neurosurgical unit dealing with people who had suffered head injury or other causes of acquired brain injury. I first became involved in the care of Robert Hamill on 5 May 1997. I don't recall who requested that I see Mr Hamill but at that time we had a routine whereby any patient admitted with a head injury would have been seen by me. Sometimes, I would have learnt of their admission by memo, or word of mouth from medical or nursing staff or I may have asked whether there were any new patients with head injury.
3. At what stage I would usually see a patient would depend. By 1997, however, we had reached a stage where all patients would be seen by someone from my department to ensure that we were involved in the process of managing the patient to mitigate against any difficulties that might hinder their rehabilitation. I tried to see patients as early as possible.
4. With regard to Mr Hamill, having checked over my notes I can see that it was a bank holiday and I was on call. I went in and made an assessment of him, reviewed his notes and looked to see nature of injury and then briefly assessed to see whether anything specific required in a rehabilitation context at that stage. I only saw him the once. I had responsibilities to other hospitals and my notes refer to my

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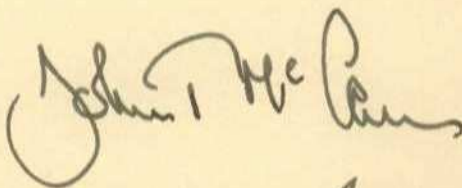
intention to review him in one week from 5 May 1997. A copy of my notes is now produced and shown to me marked "JPMcC1".

5. I think I would have been told that he had been assaulted but I can't recall whether I was given any detailed information. I did, however, examine Mr Hamill and can see from my notes (p38608) and recorded that he was 9 days post injury, he was sedated on the basis of possible cerebral irritation secondary to hypoxia, that his Glasgow Coma Scale is 6 i.e. he remained deeply unconscious and that he did not show any evidence of spasticity or rigidity and was non-responsive. Therefore, there was no indication that I needed to treat at that stage but I would re-assess. He would have been receiving physiotherapy provided through the neurosurgical unit.
6. When I examined him I would have recorded any open injuries if I had seen any but would not have recorded bruising.
7. Prognosis is difficult to give at a week or 10 days post injury but his deep state of unconsciousness signified while acknowledging that some of reduced consciousness may have related to medication that this was a severe brain injury and I would have had concerns that had he survived he would not have made a full recovery.
8. I was aware that he had required sedation due to previous agitated state but I knew no more about his treatment. I almost certainly would have looked at his CT scans and would have been aware that he did not have any significant collection of intracranial blood or major depressed skull fracture but can't say conclusively whether I looked at Mr Hamill's scans given the passage of time and in the absence of a record of review. I do not recall any discussions about his treatment at that stage.
9. The discharge summary, a copy of which is now produced and shown to me marked "JPMcC2" refers to Mr Hamill having a minor head injury. The definitions of minor, moderate or major head injury depend upon various factors such as level of unconsciousness, the duration of unconsciousness and, where a patient has recovered consciousness, the ongoing period of confusion or post-traumatic amnesia. In my view a patient who was admitted with a GCS of 4 and over a week later remained unconscious, had sustained more than a minor head injury. I would have assessed him as having

sustained a major head injury. It is recognised that CT scan appearances do not always confirm the full degree of underlying pathology. It must be remembered, however, that a neurosurgeon may define minor and moderate head injuries differently. For example, in 1997 a neuro surgeon may define major head injury as one requiring surgery and minor as one not requiring surgery. Now, however, in 2006 we have reached a greater commonality in grading the severity of injury.

10. Now that I have seen the autopsy report I believe Mr Hamill died as a result of his traumatic brain injury. I accept hypoxia may have played a part in his death but we don't have enough information upon which to conclude that. The reference to cerebral irritation due to hypoxia in my note was a query, nothing more. Cerebral irritation is an imprecise term which would be used as an overall term to suggest some cerebral dysfunction but is impossible to quantify; neither does it carry any prognostic value. The diagnosis on the discharge summary also refers to septicaemia but I can't comment on that.
11. I have seen the transcript of the evidence of Mr Patel at the murder trial and his reference to neuroleptic malignant syndrome but I am unable to comment other than to say I knew of its existence but I have never seen it in practice and at the time I saw Mr Hamill I saw nothing to suspect it.
12. Diffuse axonal injury is suggested as the cause of death in the autopsy report.
13. Prognosis of a patient suffering diffuse axonal injury covers a broad spectrum in those who survive but would usually involve some degree of cognitive and neuro-behavioural dysfunction.
14. Surprisingly, I did not have any contact with the police regarding Robert Hamill's death. In my experience, the police usually have a time-line and would ask to prepare statement to deal with nature of injury.

SIGNED:



DATED:

21.08.08