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10 APR 2008

STATEMENT OF WITNESS

STATEMENT OF DR. SAMANTHA SLOAN

DATED THIS 7th DAY OF APRIL 2008

I, SAMANTHA ANNE SLOAN, 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. I am a Consultant of general surgery and a Fellow of the Royal College of Surgeons in Dublin. I also have a MD from Queen's University, Belfast.
3. In April 1997 I was a Senior House Officer attached to the neurosurgery unit at the Royal Victoria Hospital. I had ward, outpatient and theatre duties, as well as an on-call commitment that covered the neurosurgery and neurology wards overnight. I think I had been working on this attachment since February 1997.
4. At that time the consultants in the department were Mr Fannin, Mr Gray, Mr [REDACTED] and Mr [REDACTED]. The registrars were Mr Patel, Miss [REDACTED] Mr [REDACTED] and, I think, Mr [REDACTED].

Mr Hamill's admission

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5. The notes contained at page **38601**, written by Mr [REDACTED] show that Mr Hamill was admitted at 2:45am on 27 April 1997 with a history of assault. He had been transferred from Craigavon Area Hospital.
6. The reference in the notes to "GCS" is to the Glasgow Coma Scale, a scale for determining the level of the head injury. The normal level is 15, and 3 indicates severe head injury or dead. The notes say "GCS 4 to 5" which indicates that Mr Hamill had a relatively severe head injury. However, alcohol depresses the level of consciousness lower than that of the actual head injury leading to a lower GCS and the notes refer to a blood alcohol level of 221 which is significantly elevated.
7. The admission notes also mention a scalp haematoma which indicates some bruising to the head, but there is no reference to the severity of this. I have no recollection of seeing a scalp haematoma and there is no reference to it in the medical notes. I do not have any recollection of seeing any other bruising on Mr Hamill. The wound care sheet contained at page **38561** states that Robert Hamill had a dry, grazed area on his left temple and small sore on his occiput; the occiput being the posterior portion of the head. This sheet would have been completed by nursing staff on the ward and I do not recall seeing these injuries myself.

The start of my involvement in Mr Hamill's care

8. I do not recall exactly when I became involved in Mr Hamill's care. I may have seen Mr Hamill in the intensive care unit as part of the ward round but I would have not had any responsibility for prescribing medication or writing notes there. On the ward my basic responsibilities would have been to cover the ward and prescribe medication if the Junior House Officer was not available.
9. There is no reference to me in any of Mr Hamill's clinical notes, contained at pages **38601** to **38609**, and none are in my handwriting.

10. In the nursing notes the first reference to me is in the notes dated 4 May 1997, contained at page **38574**. The notes state "Dr Sloan + 8.10pm". I am not sure what this notation means but at the top of this page it says that the notes were taken between 1pm and 8:45pm on that day. The notes say I removed the sub-clavian line which would have been inserted in intensive care.

Drugs prescribed and administered to Mr Hamill

11. I have been asked in detail about my involvement in the prescription of drugs to Mr Hamill, in particular codeine phosphate and chlorpromazine. The Drug Prescription and Administration Record, or drug Kardex, is contained at pages **38592** to **38594**. At pages **38592** to **38594** are the regular prescriptions, at page **38595** the intramuscular, intravenous, subcutaneous prescriptions and at page **38596** the 'as required' prescriptions. Prescriptions for the same drugs are entered in different charts according to the method of administration.
12. The regular prescription chart at page **38593** shows that I prescribed Senokot, a laxative, on 6 May 1997.
13. It can be seen on page **38596** that codeine phosphate was prescribed initially on 29th April 1997 by, I think, Dr [REDACTED]. The chart at **38596** also shows that I gave a continuation prescription of codeine phosphate on 2 May 1997. The prescription was for 60g to be given between 3 and 6 hourly, either orally or by IM injection. On this chart, each column denotes an individual dose administration and the date, time, and method of administration is recorded and signed. When the space on the chart runs out, the drug is prescribed again. Another doctor, whose identity I do not know, wrote a continuation prescription on 5 May and then I wrote a further continuation prescription on 7 May.

14. The nursing notes contained at page **38574** states that at 4:40pm on 4th May 1997 Mr Hamill was given an IM injection of codeine phosphate with good effect and there was an instruction to administer it every 3 hours. Reading through the earlier notes the change in the spacing of the doses may have been because he had been very unsettled and agitated.
15. Codeine phosphate can be used as a sedative and painkiller and it is used in neurosurgery a lot because it does not drop the respiratory rate as much as some morphine drugs would. Mr Hamill had been extremely agitated since his admission to the point where he was pulling out lines and potentially harming himself. The codeine phosphate was therefore being used as pain relief and as a mild sedative to calm his agitation.
16. The chart at page **38595** shows that Mr Hamill was prescribed 50 mg of chlorpromazine on 29 April 1997 to be administered by IM injection at 8am and 10pm. The regular prescription chart contained at page **38593** shows that Mr Hamill then given a prescription 30 April 1997 for a dose of 50mg to be given orally by naso-gastric (NG) tube at 8am and 10pm.
17. The chart at page **38596** records a prescription for a single dose of 75mg which was given at 7pm on 1 May 1997 by NG tube. The chart contained at page **38595** shows that a 100mg dose was also prescribed on 1 May to be given by IM injection.
18. The clinical notes contained at **38607** record this increase in dose. The notes state that Mr Hamill was given 75mg at 7pm and then a further 25mg to "no effect". The person who wrote the notes then contacted the consultant neurosurgeon Mr Fannin who recommended the increased does 100 mg QID i.e. 4 times a day. The entries next to the prescription for 100mg at **38595** show that Mr Hamill received one dose of 100mg on 1 May but the timing of it is not clear from the chart. Someone had written 10pm and signed it but this time has been crossed out and replaced by 0300.

19. The Kardex at **38595** shows that on 6 May I prescribed 100mg to be given QID by NG tube at 8am, 3pm, 8pm and 3am. For clarification, I think the two signatures against 3pm and 8pm in the 30th April 1997 column of this prescription have been written in error and that these signatures actually correspond to doses administered at 3pm and 8pm on 6 May.
20. The Kardex at **38593** shows that on 7 May I prescribed a reduced dose of 75g to be administered QID at 8am, 2pm, 8pm and 2am, also using a NG tube. My prescription for a lower dose accords with the nursing notes contained at page **38588** which state "Chlorpromazine reduced to 75mg". These notes are for 8am to 1pm, the time of the ward round, and during the round the decision would have been taken to reduce the dose to see if Mr Hamill would improve.
21. The nursing notes contained at pages **38588** for the night of 7 to 8 May state that Mr Hamill's NG tube was removed at midnight because he was agitated. The notes contained at page **38589** state that I was "informed of patient's vital signs". This means I would have been contacted on my pager. The notes then say "100 mg chlorpromazine given with good effect Dr Sloan to see patient at 8am". This means I prescribed Mr Hamill a dose of 100mg over the telephone. I would have done this because Mr Hamill was very agitated. The "once only drugs" chart at page **38597** shows the telephone prescription I gave for 100mg to be given by IM injection was administered at 3:10am. It was the policy at that time for two nurses to sign the "given by" column when medication was prescribed by telephone, as has happened in this instance.
22. Referring back to **38593** and my prescription for 75mg of chlorpromazine which I gave on 7 May 1997, there are nurses' initials against 2pm and 8pm showing that 75mg was given at those times on that day. However, the initials written against 2am and 8am on 8 May have been crossed out. This indicates to me that the drug was not given at those times. Also, the "drugs not administered" chart at page **38597** shows that the dose due to at 8am on 8 May was not administered because

“unable to pass NG tube – awaiting anaesthetist”. Further, the “once only drugs” chart shows an unadministered prescription for 50mg of chlorpromazine to be given by NG tube dated 8 May 1997.

23. All these notes accord with the nurses’ notes of the night of 7 to 8 May 1997 contained at **38588** to **38589**. Because the NG tube was removed, it was not possible to administer the drug using it on 8 May.
24. Looking at the drug prescription charts it does not appear that Mr Hamill was given any chlorpromazine between 3:10am on 8 May and the time of his cardiac arrest later that day.

Tests carried out on Mr Hamill

25. I have been asked about the tests carried out on Mr Hamill when I was involved in his care. The results contained at page **38680** show that a blood gas analysis was carried out on 27 April 1997. This was presumably when he was in intensive care and so I cannot comment on any treatment he received at that stage.
26. Mr Hamill also had full blood picture (FBP) analyses which are routine blood tests to test iron, white cell count and blood platelets. The report contained at page **38686** is for a specimen dated 27 April 1997. The elevated white cell count has been noted on the report. However, this analysis was done when Mr Hamill was in intensive care and I cannot comment on his care there. The reports contained at page **38683**, **38684** and **38685** are results from specimens taken on 30, 29 and 28 April 1997 respectively. The reports are normal and are signed, but not by me. A further FBP analysis was done on 1 May 1997. The results of the test are contained at page **38682** and are signed by me. This does not mean that I ordered the blood test, just that I checked the report. All the blood values on this report are within normal limits which means at that stage he had a normal blood picture.

27. The report contained at page **38687** is a record of a coagulation screen which tests blood clotting. Again, this test was carried out in the intensive care unit and was not signed by me. From reading the values however, the results were normal.
28. The report contained at page **38688** is a blood biochemistry analysis from a specimen taken on 3 May 1997. This was taken while Mr Hamill when he was out of intensive care and on the ward, so I would have been involved in his care. However, the report is signed by someone else and I cannot comment on the treatment he received subsequent to it. Looking at the report, the urea was noted as being slightly low but all the other parameters were normal.
29. There are reports of blood cultures contained at **38695** and **38697** signed by others which state "no growth in seven days". There is no date visible on the report. The report contained at page **38699** is of a urine culture and it is signed by me. The words "no significant growth" means that the urine does not show any evidence of infection. The date on this report is also not visible. There is a further urine culture report contained at **38701** which is signed by someone else and again shows "no significant growth".
30. I have signed the document contained at **38700** but the report is blank so I do not know what the document refers to.
31. The CT scan report by Dr [REDACTED] contained at page **38703** is dated 27 April 1997 11.25 and it is presumably the CT scan carried out on Mr Hamill's admission. This is referred to in Mr [REDACTED]'s admission notes as "CT normal".
32. I am aware that Professor Crane's autopsy report gave the cause of death as being diffuse brain injury associated with fracture of the skull. The CT scan report dated 27 April 1997 does not mention any fractures. However, a CT scan may not pick up fractures which do not involve a misplacement of the bone and they may only

become apparent during an autopsy. I have not seen any documentation of any skull fracture having been identified prior to the autopsy.

33. The document contained at page **38704** is a report of a chest x-ray which states "the lung fields appear clear". There is a further CT scan contained at page **38705** which states that there has been "no significant change since the previous scan".
34. The document contained at page **38706** is blanked out and I do not know what that referred to.
35. There is a blood gas analysis dated 29 April 1997 contained at page **38707** which was generated in the intensive care unit and I cannot comment on it except to say the values are all within the normal limits.
36. Contained at page **38708** is another blood gas analysis taken 8 May 1997 at 3.15pm. As described further below, the clinical notes contained at pages **38609** and **38608** state that the cardiac arrest team was called at 3.40pm and therefore this specimen was taken at the time of his clinical deterioration.
37. The haematology reports contained at page **38763** and **38766** refer to a FBP analysis but the dates on which the specimens were taken are not visible on the copies. Neither report is signed by me. The report at **38763** shows elevated white cell count and a haemoglobin level at the top end of the normal range. The report at **38766** shows that the haemoglobin was unchanged but that the white cell count had normalised.

Mr Hamill's deterioration on 8 May 1997

38. The nursing notes contained at page **38590** indicate that I saw Mr Hamill on 8 May. The notes state: "At 12.00 midday temp checked – 39.9. Dr Sloan informed and blood cultures taken". I was asked to attend to him because his temperature was

elevated and it is standard practice to take a blood culture from someone who had a high temperature and who had been in hospital for a while. Looking through the notes there were no changes in his condition except for the high temperature. It was unclear what was happening to Mr Hamill at this stage but there was no indication of a need to send him to intensive care.

39. I cannot recall whether I was present at the time of the cardiac arrest. As I have said, the nursing notes contained at page **38590** mention me checking Mr Hamill's temperature and taking a blood culture at midday but there is no mention of me after that. Given that it appears from the nursing notes that I was on call overnight from 7 to 8 May, it is likely that I went home at lunchtime.
40. The clinical notes for 8 May are contained at pages **38608** to **38609**. They say that Mr Hamill was sent for a chest X-ray at 14.30 but there is nothing written in the clinical notes about the results. It may be that events took over and the results of the X-ray were not seen before Mr Hamill deteriorated. However, this is only speculation on my part.
41. The notes state that the cardiac arrest team was called at 3.40pm. I do not know who was on the cardiac arrest team that day and so I do not know who else was present. Mr Patel and Mr Gray were present and Mr Patel wrote his notes retrospectively at 16.45. I did not write any notes and there is no record of me being present at the resuscitation.
42. I have been asked about the entry on the General Information Sheet contained at page **38558** which states "8/5/97, blood cultures x 2" and the entry in the clinical notes which reads: "7/5/97, Pyrexia 40C, blood culture taken". I did not write the clinical note and I cannot comment whether the date of it should read 8 May instead of 7 May.

43. I have also been referred to the emergency report dated 8 May and contained at **38549**. I do not know whether I requested this report because the only way I would know is if my signature was on the original form sent with the blood samples, and this form is not on the file. The report may have been for blood taken during the cardiac arrest. There is no time recorded on the report but there is a handwritten note which states "Creatinine at 180 and CK at 924". This would have been written on when the result was telephoned back which happens in emergencies. The note is not in my handwriting.
44. I think that the report contained at page **38765** dated 9 May 1997 is the official report of the CK 924 result written by hand on the emergency report. It was standard practice for the lab to issue a formal result slip where the result had been telephoned back and written by hand on the emergency report.

Other matters

45. I am told that Mr Patel said the following in his interview for the inquiry "When Robert Hamill was admitted he had a minor head injury and was hypoxic at the scene of the assault. He was initially treated for a minor head injury with hypoxic damage". I would agree that we were managing a man with a head injury but I would probably disagree with the terminology "minor". This is because Mr Hamill was admitted with a GCS of 4 and that indicates to me that his head injury was more severe than minor. Mr Patel may have said minor because the CT scan did not show any evidence of a blood clot or contusion.
46. I have been asked about the venous blood samples referred to by Mr Patel in his statement to the police dated 30 October 1997 contained at page **9210**. I do not think the samples to which he is referring are the blood cultures I requested on 8 May 1997. I actually think they refer to the samples that were taken during the cardiac arrest.

47. I have been asked about the evidence given by Mr Patel about chlorpromazine at the Hobson trial. To paraphrase, he suggested that it is probably not the first line to take because you do not want the patient to be sedated when you are trying to check their consciousness. To this I would say that, although chlorpromazine may not have been used in other areas, it was a drug used in neurosurgery because it causes a sedative effect but does not depress the level of consciousness severally enough to affect clinical progress or clinical observation.
48. I cannot recollect whether my decision to prescribe chlorpromazine was an independent one. However, it is stated in the clinical notes contained at page **38607** that Mr Fannin recommended the dose be increased to 100mg. The fact that the consultant neurosurgeon was happy for it to be prescribed reinforces and corroborated my decision to prescribe it.
49. The drug haloperidol has a similar effect to chlorpromazine. They are different classes of drugs which means haloperidol requires a lower dose than chlorpromazine, and they can have differing effects on patients. I do not recall whether Mr Hamill was prescribed haloperidol or not but I am told there is no reference to it in the notes.
50. I have never had any contact with the police in relation to Robert Hamill. I do not recall the police visiting the hospital to check on his progress after admission.
51. It is likely that I did have a degree of contact with Mr Hamill's family when Mr Hamill was on the ward. However, I have no direct recollection of specific conversations or anything else with regard to them.

SIGNED:


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SAMANTHA SLOAN

DATED: 7/4/08.....