



**STATEMENT OF WITNESS**

**STATEMENT OF MR PATEL**

DATED THIS **25<sup>th</sup>** DAY OF **August** 2006

1. I, UMANG JASHBHAI PATEL, Consultant Neurosurgeon of the Royal Hallamshire Hospital Sheffield, 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 Specialist Registrar in Neurosurgery at the Royal Victoria Hospital and had been for 16 months. I am not certain but assume that I first became involved in the care of Robert Hamill on 5 May 1997 when I returned from holiday which was a Monday. My original evidence at the murder trial in which I said Monday 4 May 1997 was wrong. I've just worked through the dates and the days and the Monday falls on 5 May 1997, not the 4<sup>th</sup>. I had been on holiday the previous week. I am assuming that I came back to work from my holiday and was on a morning ward round but I don't recall attending to Robert Hamill.
  
3. The procedure for admitting a patient to the neurosurgery ward was that we would get a phone call from a peripheral hospital about a trauma case which had been admitted to A&E or any other case. If the doctors felt that they required neurosurgical advice or assessment they rang the neurosurgeons. The neurosurgeons would accordingly advise, get scans, see the scans and advise, keep the patient there, treat as such or bring the patient across or whatever was needed. In the case of Robert Hamill, the doctors had decided that he was comatose, had to be ventilated and they needed to do a brain scan. I understand that in Craigavon Area Hospital the scanner was not working so they had to get him transferred to the Royal Victoria, for scanning and to manage his head injury. Patients are usually consulted with neurosurgeons first, accepted by neurosurgeons, but the point where they arrive depends on whether they

come ventilated or not ventilated. If they are ventilated they come to the intensive care unit. In this case, Robert Hamill was discussed and he came to the intensive care unit. At the intensive care unit he would have been under the care of the neurosurgeons but also the intensivists as well. On the ward he would have been under the care of the neurosurgeons.

4. I can not recall if I attended to Robert Hamill on a daily basis from 5 May 1997 to 8 May 1997. Although I can not recall what his condition was from 5 May 1997 to 8 May 1997, I have considered the observation charts, a copy of which is now produced and shown to me marked "UJP1". He seemed to be unconscious, essentially with a Glasgow Coma Score ('GCS') of 6 fluctuating into 8. Robert Hamill's coma score was really quite low and a coma score of 8 or less is considered to mean that a patient is in coma by definition.
5. In respect of physical injuries I do not recall if there was a scalp haematoma. If I attended to Robert Hamill it would have been so far down the line I wouldn't be looking for a scalp haematoma, unless there was a problem with it, for example if it was bleeding or infected.
6. The view of Robert Hamill's Consultant was that he had a minor head injury, a closed head injury with perhaps a hypoxic insult. This is recorded in the discharge summary, a copy of which is now produced and shown to me marked "UJP2". Robert Hamill was being treated for a minor head injury with hypoxic damage and being allowed to recover.
7. Robert Hamill's treatment involved neuro-observations, giving him his medication and providing good nursing care to let him recover. This involved looking for any problems, for example, were he to develop a urine infection and whether he required any medication or further investigations. He also had CT scans and Chest X-rays while he was in the Royal Victoria Hospital. On 30 April 1997 Robert Hamill had a CT scan and a Chest X Ray. A copy of the scan and X-ray results are now produced and shown to me marked "UJP3" .

8. The first time I recall seeing Robert Hamill was at the time of his cardiac arrest on 8 May 1997. A copy of my note made on 8 May 1997 is now produced and shown to me marked "UJP4".
  
9. I have also seen a copy of the hospital notes and there is reference in the nursing notes which says I saw Robert Hamill on the ward round at 10.30 am on 8 May 1997. I think the notes at pages 38564 to 38577 and 38588-38590 are nursing notes. A copy of the nursing notes are now produced and shown to me marked "UJP5. I am guessing that it was around 10.30am because the nursing notes refer to the temperature at 10.30am as 39 degrees on 8 May 1997 at p38589. I just want to clarify that that ward round would have been done in all likelihood with the Consultant leading and there would be a team present of a registrar and that would not only include me but perhaps somebody else. And probably the junior team which would be the senior house officer and the house officers.
  
10. On 8 May Robert Hamill had a Chest X-ray at 14.35. What would have probably happened is the Senior House Officer ("SHO") would have gone down and come back with the chest x-ray and we would have looked at it ourselves. The SHO would have also asked the radiologist, "*Did you see anything?*" In regards to Robert Hamill's chest X-ray I do not recall looking at the chest x-ray on this occasion. A copy of the X-ray result is now produced and shown to me marked "UJP6".
  
11. I think that on the afternoon of 8 May 1997 we had an audit meeting. I can only recall it because I said this in my evidence at the murder trial. Everybody on the team was present including the anaesthetists, the neurosurgeons apart from the nurses who were not present. At the time of Robert Hamill's cardiac arrest I don't recall it, but I think vaguely somebody must have come to the door and said, "*He's deteriorated*" and we all left the room to go and see what was happening and what needed to be done. I can not recall what I was told. I think I was on call and that might have been the reason that they had tried to get hold of me specifically.

12. My notes marked "UJP4" state that I was asked to see the patient who I have recorded as urgent: unwell. I also refer to what happened in my statement dated 30 October 1997, a copy of which is now produced and shown to me marked "UJP7". My notes state he was pale, he didn't have a recordable blood pressure, he was pyrexial at 42 degrees, he was sweating at the time, his pupils were 2 mm and reacting. That was either my observation at the time or that is what I was told at that point. I state that he is perspiring ++ and his breathing was shallow. Then I have said respiratory arrest and a question mark. Then I say peripheral pulses present, so he had pulses at the time. I then state that resuscitation is commenced. I say Dr Unni, who is the consulting neuro-anaesthetist, in audit meeting and assistance requested. Also that the crash team are alerted and present very soon. I say that Robert Hamill was intubated and ventilated. Lines inserted. I refer to gelofusine, which is intravenous fluid. I record that still no recordable blood pressure after approximately 5 minutes. Then I say cardiac arrest and cardiac massage commenced and further treatment as above in which I am referring to the previous entries in the hospital notes by the cardiac arrest team and Dr Unni's entry, a copy of which is produced and shown to me marked "UJP8". I say pupils fixed and dilated after 20 minutes (1605 hours). I refer to it being discussed with Mr Fannin because he is the consultant in charge of the case and note that Mr Gray who was the other consultant was present at the resuscitation. A decision was made to discontinue resuscitation by the Consultants. I say family distraught and certification left until later.

13. I presume we attended to Robert Hamill at around 1530 hours because the cardiac arrest call was 1540 hours and we must have been there about 1530 hours, or certainly within the five or ten minutes before the call. I refer to the hospital notes marked "UJP 8". The last time on page 38609 is 4.10pm and beside my note is 1645 hours. I think that 1645 hours is probably the time that I wrote my note because sometimes I write my note after the event and I put the time that I had written it.

14. At the time of the resuscitation there was a cardiac arrest team but I do not know their names and who it comprised at the Royal Victoria Hospital. Generally speaking, its the medical team on call, a medical specialist registrar, an anaesthetic registrar and I

think a medical senior house officer used to go on it as well. I refer to my note at "UJP4" in which I note that Dr Unni neuro-anaesthetist, Mr Fannin, Mr Gray and myself were also present. I can't recall who else was present.

15. I can not recall any details apart from what I've written in the notes at "UPJ4". I think when Robert Hamill had his arrest, one of the questions asked was has he had a sudden pulmonary embolus, a clot from his leg which has dislodged to his lung that has led to him having an arrest? Or has he been septicaemic with his high fever? Was there infection? One of the things that I recall, which was raised was the question could this be malignant neuroleptic syndrome because Robert Hamill was receiving a drug, chlorpromazine to sedate him. I think it was the Consultant neuro-anesthetist, although I can't be sure who raised that question. It is known that this drug could be associated with the syndrome.

16. In my statement dated 30 October 1997 marked "UJP7" I refer to venous and arterial blood samples being taken. Arterial blood samples are taken for blood gases, that is for oxygen, carbon dioxide and pH. Venous blood samples are sent for urea and electrolytes and creatine kinase. Creatine Kinase rises in myocardial infarction. In addition, in Robert Hamill's case, the latter was to look for neuroleptic malignant syndrome.

17. The result of the creatine kinase, CK is 924 units per litre. The adult range is 30 to 140. A copy of the result is now produced and shown to me marked "UJP9". A urine culture test was taken but I do not know the date of this result. It is now produced and shown to me marked "UJP10". There is also a urea and electrolytes test result now produced and shown to me marked "UJP11".

18. My next entry in the notes is on 8 May 1997 at 1700 hours where I certify Robert Hamill dead. A copy of my note made at 1700 hours is now produced and shown to me marked "UJP12". I also made a statement dated 3 July 1997, which is now produced and shown to me marked "UPJ13". My notes say no response to commands or deep pain, pupils fixed and dilated, no respiratory movements, no

breath sounds, no heart sounds, no peripheral pulses. Patient certified dead at 1703 hours on 8 May 1997.

19. As part of Robert Hamill's treatment he was given chlorpromazine to sedate him because he was quite agitated and irritable. During my evidence at the murder trial I was asked about the drug, its use and when it was given to Robert Hamill. I was asked "*.....Is it a regular and recognised treatment in relation to matters that he required for medical reasons?*" My answer was "*It probably isn't necessary first line*". I refer to the extract from the transcript of the trial produced and shown to me marked "UJP 14". One of the things that we are quite keen on is that whatever drugs we give to our patients, we don't want them to be sedated, because the one thing we are observing is their conscious level. That's the whole thing about the Glasgow Coma Score. So if we give them drugs, we try and give drugs that are as least sedative as possible to begin with, to achieve our means, and in the meantime we would be simultaneously looking for causes to see why patients are, for instance, agitated or irritable, or whatever. So when I say that, it's partly borne out from my previous experience of what I've been taught to use, which was haloperidol, and I think that was given right at the beginning. Perhaps the doctors had thought that it was not adequate and decided to give him other drugs. The 'once only drug chart' at p. 38597 now produced and shown to me marked "UJP15" shows what they'd given him. They are basically all the same, midazolam, and other drugs they'd obviously tried, and ultimately given chlorpromazine, which they've increased the dose of as well because he was so agitated and irritable.

20. I was also asked at the murder trial "*Was it shortly after 10 past 3 that the alert was raised as to the man's condition?*" I replied "*I think my recollection would be perhaps about 3.30 or something like that when I was first called.*" I was then asked "*We know that at 10 past 3 he had been given the 100mg of chlorpromazine, is that correct?*" I replied "*That's right*". I refer to the extract from the transcript of the trial produced and shown to me marked "UJP16". I now know that Robert Hamill was given chlorpromazine at 3.10am on 8 May 1997 so some 12 hours before his

condition deteriorated and not half an hour before. I also refer to page 38597 of the drug charts marked "UJP15".

21. Previously in this statement I refer to a ward round on 8 May 1997 at 10.30am. I now refer to the entry number 5 at page 38588 produced and shown to me marked "UJP 5". During that ward round its quite possible that I might have picked up a chart and I said reduce his chlorpromazine because that's what it said in the previous night's notes and to assess his conscious level, or the sister might have said that at the time. Also that ward round would have been done in a capacity where I would have been on call; not only would I have to be taking calls and seeing the patients, we'd be seeing them to assess them, find out what their problems were and to move on to the next patient

22. I have considered the drug charts which are now produced and shown to me marked "UJP14". I've been through the drug charts to look at all the chlorpromazine doses Robert Hamill was given and how they had been changed. If I were to simplify it, the drugs that could be given to the patients in these instances would be titrated. Enough would be given not to make him too drowsy - just light enough so that he could be managed and so that he's not pulling his tubes out and you could give him his drugs and everything else, really, but you wouldn't overdo it. I think his drugs would be changed accordingly because he was agitated and irritable.

SIGNED:

A handwritten signature in black ink, appearing to be 'R. Hamill', written over a horizontal line.

DATED:

25 August 2006