Editorial

THE MEDICAL PROFESSION AT SEA AFTER 'SHIPMAN'

> ...I will prescribe regimen for the good of my patients according to my ability and my judgement and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death...in every house where I come I will enter only for the good of my patients, keeping myself far from any intentional ill-doing...
> HIPPOCRATIC OATH

The mass media had a field day when on 31 January of this year, at the Crown Court in Preston, Lancashire, a jury of his peers, in the late afternoon on the sixth day of their deliberations, found Harold Frederick Shipman guilty of the intended unlawful killing of 15 of his elderly patients. Until then he had been a revered, respected and well-liked family doctor. Yet he had administered to all his victims during calls at their houses, or when they visited his surgery, a lethal injection of the opiate, diamorphine, which took effect within seconds.

The judge, Mr Justice Forbes, in handing down 15 life sentences to him, called these crimes 'sheer wickedness [that] defies description and shocking beyond belief'. The judge, with his voice loaded with emotion, added:

> ...each of your victims was your patient. You murdered each and every one of your victims by a calculated and cold blooded perversion of your medical skills. For your evil and wicked purpose you took advantage and grossly abused the trust each of your patients put in you.

The police and forensic scientific investigation was thorough, tenacious and wide-ranging once it was set in motion. Bodies were exhumed, toxicological analyses were carefully carried out and controlled, and case records were carefully scrutinised. Experts in computer technology went through Shipman's patient records and identified problems. Painstakingly, telephone and pager calls were traced, and eventually it could be shown beyond reasonable doubt that Shipman had fabricated a tissue of lies to cover his tracks.

The police have now further investigated a total of about 140 other deaths of Shipman's patients and have amassed evidence against him that would have been adequate to charge him with a further score of deaths. Because of the publicity brought about by this trial, it was decided that it would not be possible for him to have a further fair trial. Thus these cases will not come to court, and although there are high suspicions of his guilt, we will never know for certain, unless he confesses to further crimes - something which is unlikely given that he has continued to protest his innocence and appear unperturbed.

By these callous and totally vicious acts, the sacrosanct trust that should underline and form the solid bedrock of the professional relationship between patient and doctor had been utterly and irrevocably blown asunder, and this had occurred repeatedly and for no obvious reason.

It soon became clear to those within and outside the medical profession that a number of issues were raised by this 'cold blooded perversion of medical skills' and these homicidal deaths:

- This GP was working in a single-handed small town practice and although a number of persons, including medical colleagues, indeed even the local undertakers, were alerted by the numbers of unexpected and sudden deaths of the elderly patients of Dr Shipman, all efforts made to inform those in the legal system and to instigate an investigation failed miserably.
- All safeguards that are in force in England specifically to ensure that homicide does not go undetected also appeared to have been unable to uncover these events. Death certification, cremation regulations and form filling, and the office of HM Coroner all appear to have been repeatedly and successfully circumvented by Shipman, and had failed to detect that something was wrong. The first inkling of foul play did not dawn until Shipman, for reasons of greed or otherwise, forged a will of one his murder victims, and did so very crudely, thereby raising the suspicions of the particular family, who happened to be more articulate and forceful than most. Indeed the police opined that Shipman may have subconsciously wanted to get caught, so bad was this particular forgery.
- This single-handed practitioner experienced several sudden deaths in his practice, some of which occurred within the confines of his own surgery when these patients had attended for a routine consultation with him and in the course of a busy surgery. This high mortality when compared to other family practices in the same town and elsewhere was not adequately scrutinised, and in spite of an ephemeral attempt at an investigation nothing came of it. There were no eyebrows raised by registrars of deaths or by the medical referees which, by law, every crematorium had to have appointed. The local medical administrators failed to observe that the mortality in this particular practice was several times higher than that in adjacent and comparable practices.
- This unfortunate and perverse medical practitioner had a history of drug addiction and had been convicted of such an offence and also of fraud, and had been fined in the criminal courts. He had even been suspended by the General Medical Council for a period until he sought treatment in a specialised clinic. Then it appears that the past was forgotten. He was thereafter allowed to practice unimpeded after a short period and was quite open about his past criminal history with some of his partners and employers. Yet the local health authorities were apparently totally oblivious of his past misdemeanours and he was allowed to practice without any form of monitoring or supervision, even by remote control.

- This doctor managed to amass large quantities of diamorphine from the patients in his practice for whom he prescribed this drug for their painful or serious illnesses. This suggests that perhaps the drugs were being prescribed and dispensed much too liberally and with little scrutiny by those in authority. Prescriptions were being issued, controlled drugs were being handed out in large quantities, yet no-one seemed to care or wish to scrutinise the use of this medication and the safe return of any drugs which were no longer required after the patient went into hospital or died or moved away.
- This doctor managed to amend and make strategic insertions into his computerised patients' records; he fraudulently altered patient records retrospectively to the extent that by insertion of appropriate addenda and illusory prior consultations for past cardiac ischaemic problems to their medical history, he could indicate if challenged that there were sufficient data and reasonable premises on which he could base his final diagnosis and issue a death certificate.

The stark and absolute reality of this whole saga is that it did happen. It is somewhat reminiscent of another very harrowing incident in 1993, the Beverley Allitt incident, when a nursing practitioner suffering from the Munchausen-syndrome by proxy had abused the trust placed in her and had dispatched four children in the intensive care unit who were in her care, and seriously brain damaged several others. As far-fetched and unlikely as it sounded, it also did happen. It is therefore quite in order for the public to ask: has all this happened elsewhere and can it happen again? And how can we safeguard against a similar occurrence?

The General Medical Council who is entrusted by statute to ensure the integrity and probity of the profession will have to tighten its procedures. Medical practitioners who have been found wanting following complaints made to the Council, particularly after criminal charges have been brought against them and proven, will have to be more carefully monitored and their continued practice very strictly looked at throughout their future medical careers. Drug addiction is a condition that recurs and the profession has to be aware that those who have fallen prey to this disease may offend again.

The filling in of death certificates and the scrutiny of cremation-related documentation may have to be tightened further, and a task that may currently be perceived by doctors as a chore and delegated to the younger members of the medical team to undertake when they happen to have a spare moment should be taken more seriously. Should there be further scrutiny by the Medical Referees of Crematoria? Should only persons with pathological and perhaps specifically forensic medical and pathological experience and skills be eligible for such positions, all of which are already nominally ratified by state appointed officials? The Registrars of Deaths and the local primary care committees would need to ensure that deaths in primary care, particularly any clustering or excessive occurrence of deaths in particular districts or particular practices, are looked at carefully.

Deaths of patients in doctors' premises and deaths unwitnessed by anyone else but the doctor himself should, by statute perhaps, come under medico-legal scrutiny, perhaps through HM Coroner and the Procurators Fiscal in Scotland. Undertakers and funeral directors should be entrusted with perhaps a statutory obligation to report certain deaths and suspicious post-mortem findings; they will have inspected and dealt with the body more carefully after death than any of the doctors, they will have spoken to relatives of the deceased at some length and often will have attended at the house of the deceased.

Should patient records be maintained only on computer with the possibility of additions and alterations by unscrupulous practitioners or by others with access to such files? Should some safeguard against such potential irregular changes be inserted into any software that is used for this purpose? Should regular print-outs be produced as a factual interim record? Should records be audited on a regular basis? If so, by whom? Although many single-handed family practices are exemplary in their patient care, should not all single-handed practices be evaluated more closely and regularly because there is no internal scrutiny of procedures by other medically qualified colleagues in such practices? This is neither interference nor a 'big brother' attitude but simply a reassurance for the doctors and their patients that the practice is sound and that there are no irregularities.

Controlled drugs should be more carefully monitored in their dispensing, storage and destruction. The problem with 'leakage' into the community of controlled drugs, which are legitimately and properly prescribed and dispensed as medication, has already been well established with such medication as buprenorphine and methadone. Diamorphine is a very marketable commodity in all its forms to those who peddle 'hard' drugs illegally, and side-tracking of medicinally pure heroin would fill in another niche. There should therefore be increasing accountability with respect to the therapeutic use of such drugs. Spot-checks should be carried out, whether by health officials or by police drug squads. The veritable wholesale pharmacy of drugs that are retrieved from the houses of patients who die suddenly is a cause for concern. Literally sackfuls are seized by the police in such situations, and it often depends on relatives, the police themselves or the mortuary staff to adequately and completely dispose of such effete medication. This not only suggests a sizeable amount of wastage of often quite expensive drugs, but also highlights the problems of ensuring that such dangerous medication does not get into the wrong hands.

It has been said, and, to some substantial extent, correctly, that even had autopsies been performed on Dr Shipman's patients, his mal-intent and homicidal motives would not have been detected by the pathologists carrying out these examinations. Even assuming that these autopsies were conducted reasonably thoroughly and meticulously, which cannot be always guaranteed, the 'final temple of truth' may very well not have lived up to expectations in all instances. Atheroma and its complications are common in the elderly in this country. Faced with a sudden death in someone with established coronary or cerebral arterial degenerative changes, and in the absence of an acute cause of death with no other identifiable cause of death, such a diagnosis would feature on the certificate of the causes of death - rightly or wrongly. Histological examination of tissues removed at the autopsy may assist to some further degree but only a toxicological analysis might raise reasonable suspicion. The latter post-mortem investigations are far from

routine; they are expensive, time- and labour-consuming, require access to an appropriate laboratory, and thus at present are restricted to cases - usually younger individuals - where from the available history there may be a serious concern of accidental over-medication or suicidal overdose. Perhaps there may be scope for carrying 'presumptive' post-mortem qualitative tests on urine or vitreous fluid; such tests - which to date can be carried out on sweat, saliva and urine with variable degrees of specificity and sensitivity - are yet to be perfected before they become readily available.

All these thoughts and proposals may smack of bolting the stable door after all the horses have galloped away, but any deficiencies and problems in respect to the working of the profession which this sad and hopefully unique mass murder by a doctor have unearthed should be remedied and rectified. For good reason, changes have been slow in coming, and the recommendations of the eminent commission set up by Parliament to investigate the aftermath of this professionally-shaming and harrowingly heinous crime are awaited eagerly.

The other lingering victims of Shipman's murderous misdeeds are the relatives and friends of the bereaved who had originally grieved when these deaths had occurred suddenly and unexpectedly. They now have had to come to terms with the mode of death of their dearest and nearest, whose lives have been snuffed prematurely by someone whom they had trusted. The other victims of his crime are the medical profession itself and the public at large. The trust that has been so horrendously and wickedly negated and dispelled by Harold Shipman has to be built again. There will remain elements of long-lingering mistrust; the profession has to build new bridges quickly and effectively, and be seen to modify and tighten practices that are found wanting.