

SHERIFFDOM OF TAYSIDE, CENTRAL AND FIFE AT STIRLING

[2020] FAI 13

STI-B12-20

DETERMINATION

BY

SHERIFF A WYLLIE ROBERTSON

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC
(SCOTLAND) ACT 2016

into the death of

ALEXANDER DOUGLAS BRADIE

Stirling, 4 March 2020

The sheriff, having considered the information presented at the inquiry, determines:

in terms of section 26(2)(a) of the Fatal Accidents and Sudden Deaths etc
(Scotland) Act 2016 (the Act) that Alexander Douglas Bradie, born 16 April 1947,
died at 1335 hours on 19 January 2019 at ward B31, Forth Valley Royal Hospital,
Stirling Road, Larbert;

in terms of section 26(2)(c) of the Act the cause of death was:

- 1a urosepsis;
- 1b bladder perforation;
- 1c radiation cystitis;
- 2 prostate cancer; lung cancer; deep vein thrombosis.

in terms of section 26(2)(e) of the Act there are no precautions which could reasonably have been taken that might realistically have resulted in his death being avoided;

in terms of section 26(2)(f) of the Act there are no defects in any system of working which contributed to his death;

in terms of section 26(2)(g) of the Act there are no other facts relevant to the circumstances of his death;

in terms of section 26(1)(b) of the Act there are no recommendations to make.

Note

Introduction

[1] This inquiry was held into the death of Alexander Douglas Bradie, who was born on 16 April 1947. At the time of his death, Mr Bradie was in lawful custody as a serving prisoner within HM Prison Glenochil, Tullibody.

[2] A preliminary hearing was held on 12 February 2020 and the inquiry held on 4 March 2020.

[3] Ms Swansey, procurator fiscal depute, represented the Crown. Miss Sargent, solicitor, represented NHS Forth Valley Health Board. Mr Smith, solicitor, represented the Scottish Prison Service. There were no other participants in the inquiry.

[4] A joint minute of agreement was signed on behalf of all participating parties in which all material facts were agreed obviating the need for evidence to be led.

The legal framework

[5] This was a mandatory inquiry under section 2(4)(a) of the Act, the purpose of which is to establish the circumstances of Mr Bradie's death and consider what steps, if any, might be taken to prevent other deaths in similar circumstances.

Summary

[6] The material facts in this inquiry were undisputed and uncontroversial.

[7] The deceased Alexander Douglas Bradie was a serving prisoner at HM Prison Glenochil, Tullibody. He had been sentenced on 4 September 2013 to a period of 10 years imprisonment with an extended sentence of four years, backdated to 28 January 2013.

[8] The deceased was diagnosed with prostate cancer in June 2015 for which he received treatment by way of neo-adjuvant hormones followed by radical radiotherapy completed in January 2017 and adjuvant hormones completed in June 2018. Prior to consenting to the radiotherapy, the deceased was advised of the potential toxicities including increased urinary symptoms, bowel toxicity, fatigue and skin reaction as well as longer term toxicities of urinary incontinence and bowel disturbance. Following radiotherapy treatment, the deceased developed radiation cystitis, which is a common result of radiotherapy treatment. On 13 June 2017 a cystoscopy and biopsy of the bladder wall was carried out with the deceased's consent to investigate haematuria (the presence of blood in the urine). Investigations performed on this date revealed a possible left lung lesion. Further investigation confirmed the deceased had a left lower

lobe change just above the left hemidiaphragm, which may be early stage lung cancer. The deceased had no symptoms of lung cancer at that time. The deceased underwent regular CT scans to monitor any changes to his lungs. Due to his increased frailty, respiratory investigations and possible biopsy were due to take place in January 2019.

[9] The deceased was admitted to Forth Valley Royal Hospital, Larbert (FVRH) on 23 October 2018 with haematuria and was discharged on 11 November 2018. On 12 November 2018, the deceased was admitted to FVRH due to swelling in his left leg. Ultrasound investigation confirmed an extensive left lower limb deep vein thrombosis (DVT). The deceased was discharged on 13 November 2018 and prescribed rivaroxaban to be taken for 3 months, as per guidelines.

[10] The deceased was admitted to FVRH on 31 December 2018 due to ongoing problems with haematuria. This was presumed secondary to the deceased's radiation cystitis following treatment for prostate cancer. He was in a wheelchair and frail prior to admission. Following his admission, the deceased had a three-way catheter placed and was commenced on bladder irrigation. He was also given a blood transfusion. The deceased initially declined the recommended cystoscopy and bladder washout but by the week of 7 January 2019 he had ongoing and increasing bleeding and lower abdominal discomfort. The deceased thereafter consented to the procedure and signed the consent form confirming same on 10 January 2019.

[11] On 9 January 2019, the care and compassionate group, made up of Scottish Prison Service and NHS staff, considered whether Mr Bradie should be considered for

compassionate release. The group agreed that there were no grounds for a compassionate release application at this time.

[12] On 10 January 2019, the deceased was operated on as planned. An organised large clot was confirmed in the bladder. This was evacuated using a combination of resection and irrigation. As the clot was being removed, it became apparent that there was a leak from the bladder itself. This is a rare but well recognised complication of bladder irrigation or bladder washout.

[13] Following the operation of 10 January 2019, Dr Teahan, consultant urological surgeon, explained to the deceased that his bleeding might likely continue even if a formal repair or closure of the bladder was undertaken and given the deceased's very poor baseline reserve it was unlikely the deceased would survive further intervention. On 12 January 2019, a "Do Not Attempt Cardiopulmonary Resuscitation" form was completed in respect of the deceased.

[14] The deceased was administered antibiotics following his bladder washout but became septic in the days following his operation. At 1335 hours on 19 January 2019 medical staff were alerted by G4S staff that the deceased had stopped breathing. At 1410 hours that day, Dr Poppy Holland, a doctor based at the surgical specialities ward within FVRH, performed a death confirmation assessment and noted the time of death as 1335 hours.

[15] The medical cause of death was certified as:

1a urosepsis;

1b bladder perforation;

1c radiation cystitis;

2 prostate cancer; lung cancer; deep vein thrombosis.

[16] Life was pronounced extinct at 0420 hours the same day.

[17] There is no criticism directed to the care of the deceased either within the prison or when treated at FVRH.

Discussion and conclusion

[18] The Crown submitted that no issue arose from the circumstances of Alexander Douglas Bradie's death. The other parties to the inquiry had no submissions to make. I must record my thanks to all parties who participated in the inquiry for their assistance and in particular for agreeing all the evidence by joint minute the consequence of which was that I was able to determine this uncontroversial inquiry on the documentary productions and statements without the necessity of leading any witnesses. Accordingly, I have made the formal uncontentious findings I was invited to make by the Crown.