UNDER THE FATAL ACCIDENTS AND SUDDEN DEATHS INQUIRY (SCOTLAND) ACT 1976

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DETERMINATION

BY

John J Miller Esquire
Sheriff of South Strathclyde, Dumfries and Galloway at Hamilton

IN

FATAL ACCIDENT INQUIRY

regarding the death of

PAUL GEORGE MORRIS

Hamilton: 27 August 2008

The Sheriff, having considered all the evidence adduced and submissions thereon at the Inquiry under the Fatal Accidents and Sudden Deaths Inquiry (Scotland) Act 1976 Determines:-

In terms of Section 6(1)(a) (*when and where the death and any accident resulting in the death occurred*) that Paul George Morris, born 1st August 1980, died between the hours of 0735 and 0900 on 8th January 2007 at HM Prison Shotts within cell 1/20 of " B " Hall.

In terms of Section 6(1)(b) (*the cause of death and any accident resulting in the death*) that the cause of death was 1(a) myocardial infarction, 1(b) coronary thrombosis, and 1(c) atherosclerosis.

NOTE

Paul George Morris was born on 1st August 1980 and died on 8th January 2007. At the time of his death he was a prisoner in Her Majesty's Prison, Shotts. In the course of the Inquiry, attention was focused on the medical treatment he had received whilst a prisoner.

Custodial history

On 9th December 2004 Mr Morris was sentenced to an extended sentence of six years imprisonment comprising a custodial term of five years and an extension period of one year. He absconded from HMP Castle Huntly on 4th July 2006 and was apprehended on 8th August 2006. On that latter date he appeared at Perth Sheriff Court when he was sentenced to two months imprisonment in respect of attempting to defeat the ends of justice, which was ordered to take effect from the expiry of his existing sentence.

Following his re-admission to custody, Mr Morris was not returned to Castle Huntly. After his appearance at Perth Sheriff Court he was sent to Perth Prison on 8th August 2006 and was transferred to HMP Shotts on 16th August 2006.

Medical diagnosis and treatment

The significant feature of Mr Morris's medical care whilst in custody was a diagnosis of essential hypertension made by Doctor Wallace, Prison Medical Officer at Castle Huntly on 22nd May 2006. Doctor Wallace prescribed Lisinopril, which had as its aim the prevention of early stroke and heart failure, and the lessening of the possibility of myocardial infarction, and

the drug was dispensed to Mr Morris in Castle Huntly. A medical file (hereafter referred to as the " main notes ") for Mr Morris was maintained at Castle Huntly.

Medical care on re-admission

On reception at Perth Prison on 8th August 2006 a temporary medical file (hereafter referred to as the " temporary notes ") for Mr Morris was commenced. The first entry is dated 8th August 2006. The notes taken at Perth Prison record that Mr Morris was prescribed tablets for blood pressure, and record an unsuccessful attempt by way of enquiry with his General Practitioner to find out what medication he had been prescribed.

It was routine procedure at Shotts for arriving prisoners to be seen by a nurse who would assess their health care needs. After that initial assessment a transferred prisoner would be seen by a Prison Medical Officer, in practice within twenty four hours. The medical notes of transferred prisoners usually came with them. If not, the practice was to obtain them by making a telephone call to the appropriate prison.

Mr Morris was transferred to Shotts on 16th August 2006 along with his temporary notes. He was seen on that day by a prison nurse who noted that Mr Morris had high blood pressure and was on medication for it. He took Mr Morris's blood pressure and the reading was not of concern. It was not clear whether enquiries were made at this stage at Perth or Castle Huntly to find out where the main notes were. The temporary notes were silent on the matter.

The next day, 17th August 2006, Mr Morris was seen by Doctor Singh, Prison Medical Officer, who noted that Mr Morris suffered from hypertension and was prescribed medication. He made an entry in the temporary notes that the position should be confirmed. He gave the nurse who

was present advice to find out what the prescription was and to write up a prescription for authorisation by a Doctor. He did not think the matter urgent, and assumed that the nurse would get the relevant information and present a prescription for signature to a Doctor in due course. The blood pressure reading from the previous day, although slightly high, did not give rise to any urgent concern.

Another Prison Medical Officer, Dr Vyas, saw Mr Morris on 13th September 2006, along with the temporary notes. Mr Morris's complaint was not related to his hypertension. Dr Vyas noted Doctor Singh's entry about confirming Mr Morris's hypertension medication, but concerned himself only with Mr Morris's specific, and unrelated, complaint that he presented with.

Doctor Singh saw Mr Morris on two more occasions, 2nd and 30th November 2006, by which time he had available, and made notes in, the main notes for Mr Morris. Doctor Singh was aware from the main notes of the diagnosis of hypertension made on 22nd May 2006 but had no reason to suppose that the relevant medication was not being prescribed. He did not have the temporary notes, which would have prompted him to ask the nurse if the treatment for hypertension had started. The complaints that Mr Morris presented with on these two latter occasions were entirely unrelated to his hypertension. Dr Singh would not routinely have examined the record of prescriptions. There was no mention by Mr Morris that he was not receiving his medication for his hypertension. If there had been, Doctor Singh would have asked for the prescription records and checked the position.

Doctor Vyas again saw Mr Morris on 16th November 2006 when he had the main notes. He could not say whether the temporary notes were associated with the main notes on that

occasion. He did not read through the main notes but even if he had would not have had any reason to suppose that Mr Morris was not getting his medication.

Mr Morris made no complaint on 13th September or 16th November about not receiving his blood pressure medication, which would have prompted Doctor Vyas to look at the prescription record to see what medication he was on.

The normal practice was to write on the main notes once they arrived and to put both sets of notes together. An entry on the temporary notes was, however, made by an Optician who also examined Mr Morris on 16th November.

For whatever reason, the necessary processes to identify the drug Mr Morris was being treated with and thereafter to re-prescribe it were not completed. Accordingly, after his return to prison on 8th August 2006, his prescription for Lisinopril was never re-commenced.

The notes

It was not established in evidence when the main notes from Castle Huntly arrived at Shotts. The earliest entry in them after Mr Morris absconded is dated 15th October 2006. At some point, both the main notes and the temporary notes were in use at the same time, as could be seen from the entries made on 16th November 2006. The temporary notes were never amalgamated with the main notes, but may have been associated with the main notes and been available at the same time. Neither the main nor the temporary notes record what steps, if any, were taken after Mr Morris was admitted to Shotts to find out what medication he had been prescribed or whether he was given any advice about treatment for his hypertension.

Electronic records

Medical staff at Castle Huntly had access to electronic healthcare records for prisoners, including Mr Morris. These would have recorded his hypertension, but would not have provided any information about what medication he was receiving. Essentially it was a disease register. I did not hear any evidence that the electronic record for Mr Morris had been accessed.

Prescribing procedures

I heard evidence about the way in which prescriptions, including repeat prescriptions, were dealt with. So far as relevant for the purposes of this enquiry, they were as follows. Boots Pharmacy was contracted to the Scottish Prison Service to supply medication to prisons, including Castle Huntly and Shotts. For a prescription to be continued, the relevant prison had to authorise it and communicate that to Boots Pharmacy. Because Mr Morris absconded from Castle Huntly, no repeat prescription was authorised for him by Castle Huntly. For his prescription to have recommenced, it would have had to have been authorised at Shotts after his transfer there.

The circumstances and cause of death

Mr Morris was seen to be in bed in his cell at 0735 hours on 8 January 2007 when a prison officer made a routine check of his cell. His cell door was unlocked, along with those of other prisoners, at about 0835 hours. On a further routine check being made at 0900 hours he was found to be still in bed and apparently dead. He had moved position in the bed between 0735 and 0900 hours. He was examined by 2 prison nurses who found no signs of life. CPR was not attempted. He was formally pronounced dead by a prison doctor at 1015 hours.

Post Mortem Examination revealed the cause of death as 1(a) myocardial infarction, 1(b) coronary thrombosis and 1(c) atherosclerosis. At Post Mortem it was noted that the left kidney was diseased and the renal artery which supplied it was narrowed.

The effect of the absence of treatment for hypertension

I had the benefit of evidence from Dr Andrew Flapay and (by affidavit) from Dr Peter Bloomfield, both Consultant Cardiologists at the Royal Infirmary of Edinburgh.

In Dr Flapay's opinion, it was highly likely that Mr Morris suffered from significant hypertension due to his renal disease and that that condition played a significant role in the development of the atheromatous plaques in his coronary arteries. Mr Morris died from myocardial infarction due to the rupture of an atheromatous plaque. It was not clear that the development of atheroma explained the development of myocardial infarction.

On the question whether continued treatment of his hypertension would have altered or affected the outcome for Mr Morris, both Dr Flapay and Dr Bloomfield were aware of the results of relevant clinical trials. Dr Bloomfield referred to a Medical Research Council trial of mild hypertension which showed no difference in the risk of death from coronary heart disease over a 5 year period for individuals like Mr Morris whether they were treated with a diuretic, a betablocker or a placebo. Dr Flapay referred to a number of similar clinical trials which demonstrated that the treatment of high blood pressure provided clear benefits as regards stroke and heart failure but that the benefit was far less clear as regards myocardial infarction and heart attack. Furthermore, the benefits of treatment accrued over many years rather than over the course of weeks or months. In Dr Flapay's opinion the absence of treatment of Mr Morris's hypertension would have been unlikely to have affected the outcome in the short term

and probably had little, if any, influence on his death from myocardial infarction. Dr Bloomfield's opinion was that there was no evidence that treating his mild hypertension would have reduced his risk of death from myocardial infarction. Both were of the opinion that Mr Morris' blood pressure on admission to Shotts was within the normal range.

There was, accordingly, no evidence before me from which I could conclude, on the balance of probabilities, that the absence of treatment after Mr Morris absconded from Castle Huntly had any influence on his death. There was a possibility that treating his hypertension would have improved his outcome over the long term, but no evidence that absence of treatment played any part in causing his death. On the basis of the evidence I heard, I was not able to make any link between the untimely death of Mr Morris and the absence of treatment of his hypertension.

Submissions

Mrs Kirkby invited me to make a finding in terms of Section 6(1)(e) that:-

(1) There was a failure to verify with Castle Huntly what treatment Mr Morris was receiving so as to ensure that it was continued if necessary.

(2) There was a failure, when the main notes were transferred to Shotts Prison, to ensure that the temporary notes were amalgamated with them.

(3) There was a failure to keep accurate and detailed medical notes in respect of what action was taken or advice given to Mr Morris when he had indicated on admission to Shotts Prison that he was prescribed medication but was unsure of its name.

Mrs Martin-Brown, for the Scottish Prison Service, submitted that none of these three matters were relevant to the death and should therefore not be included in the Determination, and any observations which were thought appropriate should be included in a note.

It is clear enough that after Mr Morris absconded he was never re-prescribed Lisinopril. The issue of what medication he had previously been prescribed was never resolved. When the main notes did arrive at Shotts, they were not reviewed to ensure that any previously prescribed medication was continued.

If the absence of medication had been identified as a causative factor in Mr Morris's death, these administrative shortcomings might have required to form part of my Determination. However, in the absence of any evidence which could link Mr Morris's death to the absence of treatment for hypertension, they are not, in this case, directly relevant. I have accordingly declined to make any findings in terms of section 6(1)(e) of the Act.

Following the death of Mr Morris, a procedural review took place at Shotts and a protocol was devised which attempted to identify procedures to avoid the difficulties which had arisen in relation to Mr Morris. I consider it unnecessary to examine the efficacy of these, given the terms of my determination. Doubtless, however, the Scottish Prison Service may wish to review the circumstances here, with a view to ensuring that prisoners continue to receive medical treatment previously identified as necessary by prison medical staff, on admission to any particular institution in the prison estate.