CHAPTER TEN

Shipman's Unlawful Activities: The Early Years

10.1 The Inquiry's Terms of Reference require it to consider the extent of Shipman's unlawful activities, without restriction as to the period to be considered. The legal team took the view that this meant that the Inquiry should investigate suspicious or potentially suspicious deaths which occurred at any time during Shipman's professional career, starting with his time at the Pontefract General Infirmary.

Pontefract General Infirmary

10.2 The Inquiry received information about one death which occurred at the Pontefract General Infirmary in 1973, regarding which a relative was expressing concern. On investigation, the death proved to be completely unconnected with Shipman. There were no grounds whatsoever for suspicion of his involvement and the case was subsequently closed. No other suspicious deaths occurring in Pontefract have been brought to the Inquiry's attention.

10.3 The Inquiry has had difficulty in obtaining information about Shipman's time in Pontefract, as it is over 30 years since he started work there. Most of the consultants under whom he did his training have now died and few staff who worked with him can be traced. Few relevant documents have survived. However, the Inquiry has been in touch with a retired consultant obstetrician and gynaecologist, who recalls Shipman's time in his department, and with other medical professionals who worked with Shipman. None was aware of any sudden or unexplained death for which Shipman may have been responsible.

10.4 I conclude that there is no evidence that Shipman killed any patient while at the Pontefract General Infirmary.

Locum Work

10.5 When Mrs Shipman attended to give evidence at the Inquiry, she was asked whether Shipman had worked as a locum whilst in Pontefract. She said that he had, on occasions, worked as a locum for a general practitioner there. She could not give any further details. However, the Eastern Wakefield NHS Primary Care Trust informed the Inquiry that Shipman occasionally did surgeries for a general practice in Tanshelf, which is in Pontefract. A member of that practice has confirmed that no concern was ever expressed about Shipman's practice there and that she herself has no such concerns. A similar view has been expressed by another doctor who also did locum work for the same practice. The Inquiry has received no expressions of concern at all about Shipman's activities whilst working as a locum.

10.6 It has been suggested that, between the end of his employment at Pontefract and his arrival in Todmorden, Shipman might have worked as a locum for a general practitioner practising in the Boothtown area of Halifax, who had been injured in a road accident. Enquiries have been made of the Calderdale and Kirklees Health Authority and of

general practitioners who were practising in Boothtown at the relevant time. None has any record or recollection that Shipman worked there, whether as a locum or otherwise. It has also been suggested that a number of the 74 pethidine offences which Shipman had taken into consideration by the Magistrates' Court at the time of his convictions in 1976 were committed in Halifax, before his arrival in Todmorden. That information is certainly wrong. Although the list of offences taken into consideration no longer survives, the contemporaneous documents from the Home Office and the police, which the Inquiry has obtained, make no mention of any investigations into Shipman's activities in Halifax and those documents, together with contemporaneous press reports, make it clear that the conduct under consideration at the Magistrates' Court took place in Todmorden. Mrs Shipman's evidence was that she did not believe that her husband ever worked in Boothstown and indeed all the evidence suggests that he moved straight from Pontefract to Todmorden.

10.7 I conclude that there is no evidence that Shipman killed any patient while working as a locum doctor in Pontefract. I think he probably did not work as a locum in Halifax.

General Practice in Todmorden

1974

10.8 Shipman took up his position as an Assistant General Practitioner with the Todmorden Group Practice at the Abraham Ormerod Centre on 1st March 1974. At that time, he was married and had two young children. He impressed his colleagues and, within a short time, he became a junior partner.

10.9 In Chapter Eight, I have described how Shipman began to obtain large amounts of pethidine soon after his arrival in Todmorden. It appears to me that these supplies were primarily for his own use. I do not believe that Shipman began obtaining pethidine with the intention of using it to kill patients. Moreover, I do not even suspect that he killed any patient during his first nine or ten months in Todmorden.

10.10 The first evidence that Shipman unlawfully administered a drug to a patient arises in the case of Mrs (now Professor) Elaine Oswald. On 21st August 1974, Shipman saw Mrs Oswald in his surgery. A full account of the ensuing events appears in Volume Two. Mrs Oswald was complaining of pain in her left side. Shipman advised her that she might have a kidney stone. He prescribed Diconal, an opiate analgesic taken orally. He advised her to take one or two tablets and to go home to bed. He said that he would visit at the end of surgery to take a blood sample for testing purposes. This was, in my view, a spurious excuse to visit her, as the appropriate test would have been to analyse a urine sample. In any event, either type of sample could easily have been taken at the surgery. Mrs Oswald was in bed and was feeling drowsy when Shipman arrived at her home in the late morning. Whether he took a blood sample is not clear. He might have done. However, I have found that he injected Mrs Oswald with a drug, which I think was probably pethidine. She rapidly became unconscious. Shipman did his utmost to revive her. He gave cardiac massage and the ' kiss of life'. He caused an ambulance to attend and she was taken to hospital. Professor Oswald says that she was suspected of having taken a drug overdose. I accept that she had not.

10.11 Professor Oswald now believes that Shipman may have tried to kill her. I am sure that he did not. Had he intended to kill her, he would not have gone to such lengths to revive her. It is possible that she collapsed because she is unusually sensitive to opiate drugs. I think it more likely that Shipman had miscalculated the dose of pethidine he gave her or failed to take account of the Diconal she had already taken on his instruction. That leaves unanswered the question as to why he would have wished to give Mrs Oswald pethidine in the first place. He was already a regular user, if not an addict. I think it most likely that he wanted to involve the unwitting Mrs Oswald in taking pethidine, possibly because he hoped to involve her in some sexual activity. I think it likely that this incident gave him a very nasty scare. I cannot say that he never embarked on such a venture again. He might have done. However, there is no evidence that he did. I am satisfied that Shipman's action in injecting Mrs Oswald was unlawful and amounted to an offence of assault occasioning actual bodily harm contrary to Section 47 of the Offences Against the Person Act 1861.

10.12 I have examined the circumstances of nine deaths that occurred in 1974, with which Shipman had some connection. In five, he certified the cause of death. In the other four, the cause of death was certified by the coroner and I have found that the deaths were natural. Of the five for which Shipman certified the cause, I have found that four were natural deaths, although in two I have been unable to say that I am sure of my conclusion, not because there is any real cause for suspicion but because the evidence is scanty or vague. In the case of the remaining death, I have been unable to reach any conclusion, as there is so little information.

1975

10.13 In 1975, Shipman's illegal acquisition of pethidine continued. At a conservative estimate he obtained 70,000mg pethidine and smaller quantities of other drugs, such as morphine sulphate and Pethilorfan. As I noted in Chapter Eight, in February and March 1975, he acquired sufficient morphine sulphate to kill several people.

10.14 I have examined the circumstances of 21 deaths which occurred in 1975 and with which Shipman had some association. Only in the case of Mrs Eva Lyons have I concluded that he was responsible for the death. Mrs Lyons was suffering from terminal cancer and it appears that Shipman visited late at night on 17th March 1975 and gave her an intravenous injection into the back of the hand. He then sat with her husband for a few minutes and Mrs Lyons died. Mr Lyons told his daughter that he thought Shipman had helped his wife ' on her way'. While I cannot be sure that Shipman's intention was to kill rather than to relieve pain, I think it likely (from the evidence that he stayed to talk with Mr Lyons until the death had occurred) that he intended that the death should occur while he was there, rather than at some time during the night or on the following day. I think he probably gave a dose of opiate, which was not assessed in good faith with the primary intention to relieve pain, but was intended to end life.

10.15 I explained in Chapter Nine that I do not intend to involve myself in a debate about euthanasia or assisted suicide. It may be that some people would regard as acceptable what Shipman did to Mrs Lyons. I shall express no view. The law is clear. If a doctor gives an overdose of an opiate drug, intending thereby to end the patient's life, and it

does end the patient's life, that is murder, even though the patient might have died naturally within a very short time. I recognise that it may be very difficult for a doctor to assess the dose of opiate necessary to relieve pain and that sometimes a doctor will unintentionally hasten the death of a terminally ill patient by giving pain relief. Provided that the dose is assessed in good faith, as being that which is necessary for pain relief, the doctor acts lawfully. In the case of Mrs Lyons, the close temporal association between the injection and the death persuaded me that there was a causal connection between the two. I had then to determine Shipman's intention. That he remained with Mr Lyons until the death occurred suggests that he knew that the death would occur within minutes. I infer that he intended that it would occur within minutes and must have given a lethal dose. The evidence of intent might appear slight but seems to me to justify my conclusion.

10.16 Mrs Lyons was the only Todmorden case in which I reached a positive decision that Shipman had killed. However, there were six further deaths which aroused suspicion that Shipman might have caused them. In none is the evidence clear enough to enable me to reach a positive conclusion. All but one of these patients was very unwell and a natural death would have been entirely explicable. Of those five patients, three were terminally ill and death was probably imminent. The other two were very unwell, although not expected to die imminently. Only Mrs Edith Roberts appears to have been in reasonable health at the time of her death.

10.17 Three of those suspicious deaths occurred on the same day, 21st January 1975. Shipman certified the cause of all three deaths. The patients were Mrs Elizabeth Pearce, Mr Robert Lingard and Mrs Lily Crossley.

10.18 Mrs Pearce was 84 and was probably frail and very short of breath. She was living with her daughter and a downstairs bedroom had been provided for her. Her surviving relatives recall, however, that she had been well over Christmas 1974 and had joined in family celebrations. Mrs Pearce was said to be well at lunchtime on the day of her death, although the evidence is not entirely clear. She died during the afternoon, probably at about 4.10pm. Her daughter and her daughter's partner were both present in the house. Both have since died and there is no direct evidence of the circumstances of Mrs Pearce's death. Shipman attributed the death to a cerebrovascular accident due to underlying atherosclerosis. On cremation Form B, Shipman said that he had seen Mrs Pearce alive on the day of her death. He said he also saw the body 20 minutes after death. That implies two separate visits but would also be consistent with only one visit, spanning the death. Shipman said on Form B that the mode of death was collapse lasting 15 minutes. He said that this information was based on his own observations and statements made by Mrs Pearce's daughter. These answers give rise to a real suspicion that Shipman was present at the death. He might have visited earlier in the day and been called back when Mrs Pearce suddenly collapsed and died in the afternoon. On the other hand, he might have been called out because Mrs Pearce was unwell and he might have then given her an injection, ostensibly to help her, but in fact ensuring that her death took place while he was there. As there is no witness evidence, I cannot reach a decision. However, I recognise that it is possible that Shipman killed Mrs Pearce. If he did, his *modus operandi* would be typical of many later killings. Later, Shipman often

killed elderly people who were very ill, possibly facing a real risk of death. He would give an injection which ensured that the patient died, rather than treating his or her condition and giving a chance of survival and recovery.

10.19 Mr Lingard was only 62 at the time of his death but he was in very poor respiratory health and his son had been warned by Dr Grieve (who was Mr Lingard's general practitioner) that Mr Lingard had not long to live. Mr Lingard died at about 7.30pm. His wife had been with him all day. She is now dead and there is no evidence from anyone with direct knowledge of the circumstances of the death. Mr Lingard's son and daughter-in-law remember only being summoned to the house by Shipman with news of the death. Shipman certified that the death was due to bronchiectasis with emphysema, conditions from which Mr Lingard was almost certainly suffering. On cremation Form B, Shipman stated that he had seen Mr Lingard alive on the day of the death. He also said that he had seen the body almost immediately after death. This gives rise to a suspicion that he was present at the death. If he was, the suspicion arises that he might have been involved in it. I cannot say that he was but it is a real possibility. If Shipman did anything which hastened Mr Lingard's death, it would have been typical of later conduct.

10.20 Mrs Crossley was suffering from terminal cancer. Shipman visited her at about 7.30pm and administered some sort of injection for pain relief. It is not known whether this was given intravenously or intramuscularly. Nor it is known what the drug was. It might have been pethidine, as Shipman later admitted, when being interviewed by a police officer and a Home Office drugs inspector in November 1975, that he had taken for himself most of the proceeds of a prescription for pethidine made out in Mrs Crossley's name. However, Shipman might well have used a stronger opiate on Mrs Crossley and kept the pethidine for himself. Mrs Crossley seems to have died about an hour after the injection was given. A lethal dose, given intramuscularly, will cause death within about an hour. The temporal relationship between the injection and the death gives rise to a suspicion that Shipman might have deliberately given a lethal dose. However, the evidence is not sufficiently strong for me to infer that he did. Mrs Crossley might have died naturally. The evidence about timings is not wholly reliable.

10.21 The fact that three deaths occurred on the same day, 21st January 1975, gives rise to additional suspicion. Two of the deaths occurred in the evening. It would appear that Shipman must have been on duty that evening. His partners say that he was always willing to turn out after normal surgery hours. It seems a coincidence that three patients should die naturally within so short a time, all while under Shipman's care. On the other hand, I recognise that this was January and that old people with respiratory problems are particularly vulnerable at that time of year.

10.22 Mrs Jane Rowland died on 15th February 1975. She was in the terminal stages of a respiratory illness and was in considerable distress. Shipman gave an injection which he said would make her more comfortable and help her breathing. It is not known what the injection was or how it was administered. Shipman left and returned about two hours later, by which time Mrs Rowland had died; it is not clear when she died. Her daughters are said to have thought that Shipman had hastened their mother's death but had done her a favour, as he had relieved her suffering. Suspicion arises because of the temporal

association between the injection and the death. The death could have been completely natural but it might not have been. Such circumstances would not give rise to suspicion with other doctors, but with Shipman they do.

10.23 Mrs Edith Roberts was found dead on 21st March 1975. Her surviving relatives say that she was in good health and that her death was very sudden and wholly unexpected. However, she was diabetic and had some history of chest pain. She was only 67 and was living a fully independent life. She spent the evening of 20th March with her two nieces, who say that she was in normal health. The following day, she was found dead in bed. She was lying back against the pillows, with the bedside light on and a book in front of her. It appeared that she had fallen asleep while reading. Shipman was called. Because the death was so sudden, Mrs Roberts' niece asked if a post-mortem examination would be necessary. Shipman said that it would not, as Mrs Roberts had seen a doctor recently. He certified that the death was due to coronary thrombosis, due to ischaemic heart disease. Concern arises because, in such circumstances, most doctors would have referred the sudden death to the coroner, even if the patient had been seen within a few days. When Shipman completed cremation Form B, he made a number of entries that give rise to a suspicion that he might have been involved in Mrs Roberts' death. These entries are fully explained in my decision. The evidence of Mrs Roberts' position and appearance in death, which was confirmed by Shipman in Form B, is not typical of that usually seen following a fatal heart attack. Usually, there is some sign that the patient has been aware that something dreadful is happening and has tried to seek help. Mrs Roberts' peaceful appearance, as if asleep, is the first in time of countless such descriptions I have received during the Inquiry. Her appearance was typical of what is seen following death by lethal opiate injection. The suspicious features of the case are not, however, enough to draw me to the conclusion that Shipman probably killed Mrs Roberts. However, if he did, it would appear that he must have been called out late the previous evening and must have given her an intramuscular injection of a lethal dose of opiate. He could not have given her an intravenous injection, as her front door was locked from within. If she had had an intravenous lethal injection, she would not have been able to let him out, lock the door and return to her bed. She would have been able to do all those things after an intramuscular injection. If Shipman killed Mrs Roberts, he did so only three or four days after he had killed Mrs Lyons.

10.24 The last suspicious death is that of Mr Albert Redvers Williams, who died on 5th August 1975. He was quite unwell but was not thought to be close to death. If Shipman killed him, he did so by the oral administration of a drug. This method was not typical of Shipman's later killings.

10.25 The remaining deaths investigated from this period were either plainly or probably natural or remain shrouded in uncertainty. The Inquiry's investigations into the Todmorden deaths were hampered by the passage of time and the fact that most of the witnesses with firsthand knowledge of the circumstances are now dead. Where cremation documents have survived, they provide an insight into Shipman's account of events and, in some cases, these accounts give rise to real suspicion that Shipman might have been involved. Where the circumstances do give rise to suspicion, they do not show the clear patterns of behaviour identifiable in later years. This could be

because they were, in fact, natural deaths. Another possible explanation is that Shipman did kill some or all of these patients but had not yet established a preferred technique. It may be that he was experimenting with drugs and modes of administration. If any or all of these suspicious cases were killings, it would tend to suggest that Shipman's earliest killings were of patients who were in poor health and who were likely to die in the very near or not too distant future.

10.26 I have already described in Chapter One the circumstances in which Shipman left Todmorden in September 1975, when it was discovered that he had been stealing pethidine. I have recorded the circumstances of his conviction in February 1976 and the way in which he was allowed to continue as a medical practitioner. He did so by taking a job in County Durham.

County Durham

10.27 Shipman began his employment at the Newton Aycliffe Health Centre on 2nd February 1976 and continued there until 30th September 1977. He worked in the Community Child Health Service, conducting health clinics and advising on child development. Those involved with Shipman at the time have little recollection of the circumstances of his employment and the Inquiry has received no reports of concern about his conduct during his time at Newton Aycliffe. His work there would not have afforded him access to controlled drugs. I conclude that there is no evidence that Shipman killed anyone while working in County Durham.