# CHAPTER THIRTEEN

## Shipman's Character and Motivation

### Introduction

13.1 The Inquiry's Terms of Reference require me to consider the extent of Shipman's unlawful activities. They do not expressly require me to consider the motives behind Shipman's crimes or the psychological factors that underlay them. However, I decided that I ought to consider and report on those matters, as well as I am able. I consider that some understanding of Shipman's character will be of assistance in Phase Two, particularly when the Inquiry comes to consider improved systems of death certification and the issues surrounding the monitoring and supervision of doctors. For this reason, I considered that an investigation into Shipman's psyche fell within the Inquiry's Terms of Reference. I also think the relatives of the victims and the public will wish to understand why Shipman committed so many murders. For the relatives, some understanding of Shipman's motives, or lack of them, might assist them in coming to terms with what has happened.

13.2 In seeking to reach an understanding of why Shipman murdered so many of his patients, I would naturally have wished to obtain thorough psychological and psychiatric assessments. Shipman has refused to take part in the Inquiry proceedings and has continued to deny responsibility for the deaths of his patients, in the face of overwhelming evidence of guilt. It seemed, therefore, that he would be most unlikely to agree to such assessments. For the reasons I outlined in Chapter Three, it is plainly impracticable to force him to undergo any examination or assessment. In any event, without genuine cooperation on his part, the interviews which would necessarily form part of any assessment would not be fruitful. I have, therefore, had to make do with such materials as are available without Shipman's cooperation.

13.3 In order to assist my understanding, I decided to seek the advice of a team of experienced forensic psychiatrists. I did not want to limit myself to the opinion of a single expert. I wanted the psychiatrists to discuss the issues and to reach a consensus if they could; if not, I wanted them to express their differing views. I consulted a team from the Institute of Psychiatry, King's College, London. The team comprised:

Professor John Gunn, Professor of Forensic Psychiatry;
Professor Pamela Taylor, Professor of Special Hospital Psychiatry;
Dr Clive Meux, Honorary Senior Lecturer in Forensic Psychiatry;
Dr Alec Buchanan, Clinical Senior Lecturer in Forensic Psychiatry.

13.4 The psychiatrists did not think it appropriate to provide formal reports because they were unable to carry out the examinations that would normally precede the preparation of a full psychiatric assessment. It was agreed that they would read the relevant material assembled by the Inquiry team and would then meet me, Counsel to the Inquiry and Dr Esmail, the Inquiry's Medical Advisor, for a full discussion of the issues. That discussion took place in private because some of the material, which I felt it right to allow the psychiatrists to see, will not go into the public domain.

13.5 At an early stage, the Inquiry had obtained some confidential documents relating to Shipman, mainly his medical and prison records. It was necessary for the legal team to consider whether they contained material of direct relevance to the crimes themselves. They might for example have contained admissions. The documents were obtained, on summons, from the relevant authorities. With the exception of three pages of records dating from 1975, they did not contain anything of direct relevance and they were therefore put aside. However, when the Inquiry came to consider issues of Shipman's character and possible motive, I had to consider whether or not the documents should be disclosed to the psychiatric team. Shipman was entitled to refuse permission for such disclosure. I was entitled to override that refusal, but would only do so to the extent that I considered it necessary for the proper purposes of the Inquiry. I hoped and believed that the documents would assist the team to gain insight into Shipman's personality. I recognised that such disclosure would be an infringement of Shipman's right to privacy and confidentiality. I specifically considered Article 8 of the European Convention on Human Rights. My decision was that the limited disclosure I had in mind was necessary in order to assist in achieving the objects of the Inquiry. Those objects are designed to contribute to the prevention of crime, to secure the future health and welfare of citizens and to protect their future rights and freedoms. I considered that the Inquiry's need to inform itself properly on these matters (and the public interest in the Inquiry's proper conduct of its investigation) outweighed Shipman's right of complete confidentiality.

13.6 This confidential material has not been put into the public domain. Nor will it be. The psychiatrists have received it in confidence. This Report contains no direct reference to it. It has been used only to inform the opinions of the psychiatrists, who in turn have given me advice and guidance. As I shall explain below, the main source of information on which my opinions and conclusions will rest is the evidence about Shipman's crimes, which is now in the public domain. All I say about the private material is that there is nothing within it that is inconsistent with the conclusions I have expressed.

13.7 In the event, the confidential material has not enabled the psychiatrists to gain any real insight into Shipman's character as they and I had hoped. The psychiatrists have also been hampered by the very limited nature of the information available to the Inquiry about Shipman's family background and relationships. I decided, at an early stage, that it would be inappropriate to intrude upon the privacy of his children. They have enough to cope with. For similar reasons, I also decided that Mrs Shipman should not be asked about her personal relationship with her husband. When she gave evidence, counsel were permitted to ask her about factual matters relating to his practice and the various specific events on which she might be able to shed light. I did not think it reasonable to intrude on her privacy by allowing questions about her relationship with her husband. In any event, I am quite sure that he kept aspects of his character secret from his family. These decisions leave gaps in our knowledge of Shipman but I think they were correct.

13.8 The psychiatrists would have wished to have an understanding of Shipman's motivation in becoming a doctor. It is not known when he first developed the ambition to practise medicine. It is possible that this was related to the suffering and death of his mother when he was in late adolescence. It is not known what hopes and ambitions he

entertained for his medical career. It may be that he felt fulfilled by his career or he may have been disappointed and dissatisfied that he became a general practitioner in a small town rather than, say, an eminent surgeon or a member of the influential elite of the medical profession.

13.9 The psychiatrists stressed to me that the ideas we discussed could not be regarded as authoritative opinions. They did their best to consider possible explanations for Shipman's conduct but, with the materials available, were unable to reach any conclusions. I am grateful for the assistance they have given me but, in the end, I have been unable to attempt any detailed explanation of the psychological factors underlying Shipman's conduct. All I can do is to draw attention to features of his behaviour which might throw some light on his personality and motivation. The views I express in this Chapter are not those of the psychiatrists, but are my own, and have been reached by the usual judicial process of drawing common sense inferences from evidence.

13.10 As I have described in the previous three Chapters, I am satisfied that Shipman killed more than 200 patients over a period of 23 years. After some possible early experimentation, his usual method of killing was to give an intravenous injection of a lethal dose of diamorphine, which led to death within a few minutes. With a few victims, mainly patients who were terminally ill, he sometimes gave an intramuscular injection, which would take effect and result in death within the hour. There is a suspicion that he sometimes gave large doses of sedatives, such as Largactil, to elderly patients with reduced respiratory function, so as to induce deep prolonged sleep and to make the patient vulnerable to death by bronchopneumonia.

## Motive

13.11 Save for the case of Mrs Kathleen Grundy, which I will discuss in greater detail below, I have found no evidence that Shipman was motivated by monetary gain. Very few of his patients left him any money. Those who did, such as Mrs Mavis Pickup, left relatively modest tokens of appreciation for his services and, as they saw it, his friendship. Shipman was, however, acquisitive. There were occasions when he asked for an item of property belonging to a patient he had just killed. In 1985, he asked the family of Mrs Margaret Conway if he could have her budgerigar for his aunt; his request was not granted. In 1997, he asked the brother of Miss Lena Slater for her sewing machine, which he was allowed to have. He asked Mrs Joan Sellars, the niece of Miss Mabel Shawcross, for her antique bench, saying that it had been Miss Shawcross' intention that he should have it after her death. Mrs Sellars did not agree. Shipman ran a patient fund for the provision of equipment for the surgery and encouraged donations and bequests. Although this fund was not registered as a charity, there is no reason to think that the money was used for anything other than proper purposes. It was administered by a patient, a retired police officer. There is much suspicion that Shipman pilfered money and items of property from the homes of his victims, although the evidence is not sufficiently clear for me to reach any positive conclusions in individual cases. I am quite satisfied that any such acquisitions, whether with or without permission, did not supply a motive for murder.

13.12 Mrs Grundy's murder on 24th June 1998 was, on the face of it, motivated by monetary gain. She was one of his wealthiest patients. She had a comfortable detached cottage in an attractive area of Hyde. She owned a second property and some investments. Her estate was worth about £386,000. I have already outlined the way in which Shipman forged a will in her name, using his own typewriter. The forgery of her signature and of those of the ' witnesses' was very poor. Shipman sent the will to Hamilton Ward, a firm of solicitors in Hyde, with a forged covering letter, ostensibly from Mrs Grundy. Mr Burgess of that firm was puzzled to receive it, as Mrs Grundy was not a client of his firm and the firm had had nothing to do with drafting the will. It was not addressed to anyone in particular at the firm. He put it to one side.

13.13 In the will, Mrs Grundy had left all her property to Shipman and nothing to her dearly loved daughter and grandchildren. The will said that she wished to give all her estate to her doctor to reward him for **' all the care he has given to me and the people of Hyde'**. She added that he was **' sensible enough to handle any problems this may give him'**. I will return in due course to what the wording of the will reveals of Shipman. For the moment, I consider only whether Shipman really was motivated by money in killing Mrs Grundy. Soon after he had killed her on 24th June, Shipman wrote, on 28th June, to Hamilton Ward. He typed the letter on his own portable typewriter, the same one he had used to forge the will. He introduced himself as a friend of Mrs Grundy who had helped her to make her will, and informed the solicitor of her death. He signed it **' J. Smith'** or possibly **' S. Smith'**. The police were later to find that Mrs Grundy knew no one with either of those names. Copies of the will and the forged letters are to be found at the end of Chapter One.

13.14 Mrs Grundy's daughter, Mrs Angela Woodruff, is a solicitor in practice in Warwickshire. In 1986, Mrs Grundy had made a will in favour of her daughter and this was held in safe custody at Mrs Woodruff's office. Shipman knew Mrs Grundy quite well. Not only had she been a patient of his for many years, they were both involved in local affairs. Mrs Grundy was very proud of her daughter and grandchildren and Shipman must have known that Mrs Woodruff was a solicitor.

13.15 The forging of Mrs Grundy's will led directly to Shipman's downfall. I have little doubt that his killing of her would not have been detected but for his forgery of her will. However, the will was so obvious a forgery and so entirely uncharacteristic of Mrs Grundy that Mrs Woodruff was bound to investigate it. In fact, she reported her suspicions about the will to the police. The forgery was soon uncovered and the rest is history.

13.16 It seems to me that Shipman could not rationally have thought that he would get away with Mrs Grundy's estate. The whole venture was grossly incompetent. Discovery was inevitable. I will return later in this Chapter to discuss what might have been Shipman's state of mind at the time he forged this will and killed Mrs Grundy. It does appear that Shipman planned the forgery of the will well in advance of the killing, which suggests that money was his motivation. However, I am not convinced that Shipman decided to kill Mrs Grundy because he wanted her money. I think his thought processes must have been much more complex than that.

13.17 There is no suggestion that Shipman interfered in any way with the bodies of the patients he had killed. He might on occasions have ' arranged' them, for example by putting a book or newspaper on the victim's knee to create the impression that he or she was reading just before death. In 1988, when killing Mrs Alice Jones, whose sight was poor, he put her magnifying glass and torch in her hands after she had lapsed into unconsciousness. But these minor arrangements seem much more likely to be related to a desire to create unsuspicious circumstances than to any underlying motive for the crime. There does not appear to have been any overtly sadistic or erotic motivation for his crimes. The psychiatrists say that they cannot speculate on whether there might have been some underlying sexual or necrophiliac element within his motivation. However, there is no evidence from which I could infer that there was.

13.18 In short, if one defines motive as a rational or conscious explanation for the decision to commit a crime, I think Shipman's crimes were without motive. The psychiatrists warn me that it is possible that, in Shipman's own mind, there was a conscious motivation. All I can say is that there is no evidence of any of the features that I have observed, in my experience as a judge, that commonly motivate murderers.

## Other Explanations

13.19 If I am to find any explanation for Shipman's crimes, it seems to me that I must look, so far as I can, within his personality. What kind of a man works hard to become a doctor, takes the Hippocratic oath and, within only a few years, embarks on a career of killing his patients?

13.20 Our personalities are governed by a mixture of genetic factors and the effects of our experiences. Very little is known about Shipman's family or early years. His mother died of cancer when he was in late adolescence. The psychiatrists think it possible that the fact and circumstances of her death might have had a profound effect upon his psyche. The only evidence on this subject available to the Inquiry is that of Mrs Florence Bateson, for many years a patient of Shipman, who said (in a statement made in connection with the death of her father, Mr George Charnock) that Shipman used often to speak to her about his mother and had said to her husband, Mr Norman Bateson, that he had seen her suffer from cancer when he was 17. I cannot assess the impact of his mother's death or indeed any other potentially formative experiences. In seeking to describe Shipman's personality, I am dependent upon what he has revealed of himself through his actions and the descriptions of people who have known him and have described him and his behaviour to the Inquiry.

## Professional Reputation

13.21 Shipman had the reputation in Hyde of being a good and caring doctor. He was held in very high regard by the overwhelming majority of his patients. He was also respected by fellow professionals. His patients appear to have regarded him as the best doctor in Hyde. His register was full and there always seems to have been a waiting list. Patients liked him for a variety of reasons. Many would say that he ' always had time' for them. His surgeries overran but no one minded because they understood his wish to take

whatever time was necessary for each patient. He never hurried them out. He always had time for a few words of a personal nature. Elderly patients and their families were particularly grateful for his willingness to visit at home. Other doctors might be reluctant to visit and might try to insist that a patient be brought to the surgery. Shipman never did that. With the benefit of hindsight, one can see that this willingness to make home visits created many opportunities for killing. At the time, it seemed to his patients only to show that he was considerate of their welfare. There must, in fact, have been many occasions when the consideration he showed for his patients was not simply a cover for criminal actions.

13.22 There is, however, a deeply sinister aspect to the way in which Shipman created for himself the reputation of being a very caring doctor. He encouraged people to regard him as an ' old-fashioned family doctor' who would willingly visit his patients at home and made a habit of calling on them when he was in their area. I am sure he promoted this view of himself quite deliberately. Dr Patel, of the Brooke Practice, told the Inquiry of an occasion when Shipman had asked him to sign a cremation Form C for one of his patients. On reading the Form B, Dr Patel noticed that Shipman had been present at the death. He observed that this was rather unusual. In what might now be seen as an example of attack being the best form of defence, Shipman responded rather aggressively, putting the young Dr Patel firmly in his place. He asserted that young doctors nowadays do not visit their patients as he and his generation did. The implication was that they were not as caring as he. He also let it be known that he thought it preferable that elderly patients should be allowed to die at home ' with dignity' instead of being subject to the ' hustle and bustle' of a hospital ward. It may be that many of his patients agreed. Certainly, there would be more work for the general practitioner in caring for an elderly patient at home. However, it is hard to resist the conclusion that these habits created many opportunities to kill which would not otherwise arise and that his reputation in respect of these matters was a useful ' cover' for his killings.

13.23 There is no doubt that Shipman was also industrious. When he took his first post in general practice at the Abraham Ormerod Medical Centre, Todmorden, his partners found him keen and hardworking. He was always willing to take on more than his fair share of out of hours work. He volunteered to do the donkey-work involved in the introduction of a new method of filing. In 1998, he had a list of almost 3100 patients. That represented a very large caseload, substantially greater than the average list of single-handed general practitioners in Tameside, which was under 2500. He worked long hours. There was never any delay in arranging an appointment and it appears that there were very few occasions when he failed to visit a patient on the day of request. He was a regular attender at continuing education sessions at Manchester and Liverpool Universities and at Tameside General Hospital. In general, he seems to have been a good administrator and appears to have maintained the loyalty of his staff. He had a poor relationship with one member of the practice staff at the Donneybrook Surgery, whom he regarded as incompetent. The other doctors did not share that view and it may be that there was a personality clash. Several members of the Donneybrook staff chose to leave their employment with that practice in 1992 and move with him to his new premises at Market Street.

13.24 His Achilles' heel as an administrator appears to have been his keeping of medical records. He was a poor record-keeper. His notes were usually scanty and often incomplete in important respects. That criticism does not only apply to the entries associated with a killing. Why his record-keeping was so poor, I cannot say. He might not have thought the records very important and so gave them a low priority, but on other occasions there were without doubt more sinister reasons for this failure, as I have explained in previous Chapters.

## Personal Relationships

13.25 Shipman does not appear to have had many friends. His professional associates never became friends. Dr Doreen Belk was a fellow student of Shipman at medical school in Leeds and also went to Pontefract to work as a house officer. She and her husband lived in hospital accommodation very close to Shipman and his wife. Yet they never became friends. Dr Belk found Shipman cold, aloof and unapproachable. He appeared to have ' a chip on his shoulder' and a grudge against life. When he had settled in Todmorden and later in Hyde, he involved himself in many local activities. In Hyde, he worked with the St John Ambulance Brigade. He was active in medical politics; for a time he was secretary of the Local Medical Committee. He was a school governor. At least one of his sons was keen on rugby and played for the Ashton-under-Lyne Rugby Union team. Shipman and his wife were regular supporters of the club. All these were activities that would usually result in the acquisition of a large circle of friends. Yet the evidence is that Shipman had very few.

13.26 Many patients describe Shipman as having a wonderful bedside manner, especially with the elderly. He would make much of them and would sometimes tease them gently. They liked it. He made many of them feel that he was a real friend as well as their doctor. Yet he would kill them. Perhaps the most poignant example of this is the case of Mrs Mavis Pickup. In August 1997, Mrs Pickup's husband, Kenneth, died of a heart attack. They had been happily married for nearly fifty years and she was devastated, of course. Soon after the death her son, Mr James Pickup, went to see Shipman to thank him for the care he had given his father over the many years he had suffered from heart disease. Shipman was curiously brisk about Mr Pickup's death but showed great concern about his widow. He asked after her in a most sympathetic way and told her son that, if there was anything he could do, if she needed any kind of help, not limited to medical matters, he ' would always be there for her'. He killed her three weeks later after she had telephoned the surgery, upset because children had been knocking on her door and running away.

13.27 Shipman had a reputation for ' calling a spade a spade' but many of his patients seemed to like him for that. Some of his remarks were quite inappropriate but people seemed to accept them as being typical of the man. For example, when Mr Stephen Dickson asked Shipman on 28th February 1998 how long his father-in-law, Mr Harold Eddleston, who had cancer, was likely to live, Shipman replied ' I wouldn't buy him any Easter eggs'. Mr Dickson did not take offence because he thought this kind of remark was typical of Shipman's style. Shipman killed Mr Eddleston four days later.

13.28 Many of the families of Shipman's victims report that his usually kind and sympathetic attitude disappeared when their relative had died. They would naturally be very distressed. He would be curt and dismissive and would sometimes say the most inappropriate and hurtful things. When he had just killed Mrs Mary Coutts in April 1997, and her son and daughter-in-law, who were in a state of grief and shock at the suddenness of her death, were asking him about the circumstances, Shipman said, ' Well, I don't believe in keeping them going'. After the death of Mrs Margaret Conway in 1985, he took it upon himself to inform her 14 year old granddaughter (who happened to have an appointment that afternoon at the surgery) that her grandmother had died, despite her mother having contacted the surgery to say that he should not do so. The girl was shocked and distressed.

13.29 It seems that Shipman's attitude towards his patients was quite unpredictable. At times he was encouraging and sympathetic but at times he was cold, brusque and offhand. Often, he seemed unable to empathise with the bereaved.

## Aggression, Conceit and Contempt

13.30 Other well-marked traits of Shipman's personality were aggression, conceit, arrogance and contempt for those whom he considered to be his intellectual inferiors. Perhaps the most striking illustration of his conceit is what he wrote about himself in Mrs Grundy's forged will, to which I have already referred. He wrote (as if the words were Mrs Grundy's) that he was to be rewarded for all the care he had given her and the people of Hyde. I think he enjoyed referring to himself in the third person in this flattering way.

13.31 Another example of his conceit may be seen in a letter he wrote in August 1998 to the NHS Appeals Tribunal in connection with a decision of the local Health Authority about funding of his practice staff, in which Shipman felt able to claim:

> **' We are a proactive practice, we have the highest level of screening for cholesterol, blood pressure, diabetes and asthma in the West Pennine Health Authority. We are a flagship – the Health Authority can always compare the quality of this practice to any other and ask why the other practice is underperforming'**.

13.32 It may be that Shipman was ahead of his time in the practice of preventive medicine. He had clinics for the monitoring of diabetes, congestive heart failure and high blood pressure. He had begun to call patients in for regular health checks at a time when many doctors had not yet begun to do so. Yet his boasting was a most unattractive trait.

13.33 Although Shipman was generally admired, there were quite a large number of people in Hyde who disliked him. Their usual criticism was that he was arrogant. He appeared arrogant and conceited, even during his trial. When he gave evidence, he boasted about his achievements at the practice. He was asked about a patient's blood pressure, which on a particular occasion was 140/80. Counsel suggested to him that that was a perfectly acceptable level. Shipman replied that it might be for many doctors but he aimed for ' perfection'.

13.34 He plainly thought he was by far the best doctor in Hyde. His patients seemed to agree. Dr Patel, who worked for him as a locum in the early 1990s, said that patients would often refuse to be seen by him and would prefer to wait until Shipman had returned to work. Shipman would not allow a locum to immunise his child patients. He had to do it himself.

13.35 Dr Bills, who worked with Shipman during the Donneybrook years, says that Shipman often described a patient's condition to his colleagues in very florid terms, for example, saying that the patient had pneumonia, when in truth he or she had only a moderate chest infection. Then, when the patient recovered, Shipman would claim credit for the cure. One of his more frequent boasts was about his success in treating heart disease. He prescribed medication very freely and liked to impress upon his colleagues how successful his treatment was. This was strange because, if anyone had examined the number of deaths from coronary heart disease among his patients, it would have been found to be quite high. That was not because a large number of his patients died of that disease but because coronary thrombosis was his favourite ' cause of death' for a patient he had killed.

13.36 To some extent, one can see why Shipman became conceited. He obviously relished his good reputation in Hyde and the adulation accorded to him by so many of his patients. He seems to have enjoyed almost celebrity status among his patients. One of his victims, Mrs Florence Lewis, was delighted when she was taken on to his list. Her son said that it was almost as if she had won the lottery.

13.37 Another manifestation of Shipman's conceit was the delight he took in ' taking on' and getting the better of officials and those in authority. He conducted a long-running battle with the Health Authority about his expensive prescribing habits and funding for his practice. There might be many doctors whose sympathies would lie with Shipman on these issues, but the point is that he seemed to revel in this kind of dispute and the language in which he addressed the officials was at times unpleasant, aggressive and conceited.

13.38 Another unattractive trait was Shipman's habit of humiliating people whom he felt were not doing their jobs properly. One example concerned a young female sales representative from a drug company, who attended a meeting of the Donneybrook doctors. She was nervous and inexperienced and perhaps not quite as knowledgeable about her products as she should have been. Shipman was quite ruthless in his criticism of her and seemed to enjoy the fact that he had reduced her to tears.

13.39 Dr Hardman, a medical referee, recalls attending a lecture at which Shipman was in the audience. He kept interrupting and disagreeing with the visiting lecturer in a very pompous way. His behaviour became an embarrassment to those who knew him.

13.40 I have been able to form my own view of Shipman's arrogance by listening to tapes of the police interviews of September and October 1998. He was interviewed on 7th September and on 5th October. On each occasion, he began confidently and treated the police officers in a patronising and arrogant way. They continued steadily and, as the evidence was put to him, his attitude gradually changed until, at the end of

5th October, when it was clear that the police knew that he had falsified medical records on his computer, he broke down and was unable to continue with the interview.

## Dishonesty

13.41 An important trait in Shipman's personality is that he is profoundly dishonest. His dishonesty was first revealed in 1975 when it was found that he had dishonestly obtained large quantities of pethidine by deception and kept them for his own use. I have described these offences in Chapter One. Shipman pleaded guilty to offences of dishonesty – in effect, forgery and theft – which had taken place over a prolonged period.

13.42 Shipman regularly obtained large quantities of diamorphine by similar dishonest means during the 1990s. As I have explained earlier in this Report, I have every reason to believe that he employed the same methods in the 1980s, although the records, which would prove the point beyond doubt, have been destroyed.

13.43 Obtaining drugs was not Shipman's only dishonesty. He was an accomplished and inventive liar. He could lie spontaneously to get himself out of a difficult situation and did so on countless occasions. Even at a very early stage in his career, in July 1975, when the Home Office Drugs Inspectorate and West Yorkshire Police Drugs Squad first suspected him of stealing pethidine, he so impressed them in interview that they took matters no further, at least for the time being. He had told them a pack of lies.

13.44 Sometimes, when he had killed a patient, Shipman was caught almost red-handed. Yet, he was able to invent an explanation for the death without showing any noticeable discomfiture. This arose in the case of Mrs Maria West. Mrs West was entertaining her friend, Mrs Marian Hadfield, during the afternoon of 6th March 1995. The two women were sitting in Mrs West's front room when Mrs Hadfield wanted to use the bathroom. The bathroom was upstairs and the staircase led out of the kitchen. While she was upstairs, Shipman arrived, to find Mrs West apparently alone. When Mrs Hadfield came downstairs, she could hear voices in the front room, realised the doctor had arrived and stayed in the kitchen. Within a few minutes of his arrival, Shipman killed Mrs West. Mrs Hadfield realised that the conversation had stopped. A few moments later, Shipman came into the kitchen. One would have thought that he would have been completely thrown off balance by the realisation that Mrs Hadfield had been only a few feet away while he was killing Mrs West. He looked a little surprised to see her but confidently explained that Mrs West had collapsed and died. He had come into the kitchen to look for her son, so he said.

13.45 There are many other examples of the confidence with which he would tell lies and act them out. He would quite often tell a relative (untruthfully) that he had summoned an ambulance on finding the patient in a serious condition. He would then say that the patient had died, so he had cancelled the ambulance. On some occasions, he would actually go through the charade of picking up the telephone, dialling a number and pretending to speak to the ambulance control centre to make the cancellation.

13.46 His dishonesty is well illustrated by the way in which he fabricated medical records to invent plausible explanations for deaths that he had caused. He also made countless false entries on MCCDs and cremation certificates. Indeed, in respect of his duties of certification, he was frequently dishonest, even in cases where he had not killed the patient and had no need to invent a cover story. He was, in short, a consummate and inveterate liar.

## Addiction

13.47 There is evidence that Shipman was addicted to pethidine in the 1970s. He claimed that he was addicted to it and it seems likely that he was. He certainly obtained large quantities and injected himself (the marks were seen by Detective Sergeant McKeating at the time) and it is clear that he suffered a number of blackouts. It is possible that he was already abusing that drug while working as a house officer in the Department of Obstetrics and Gynaecology at Pontefract General Hospital, where pethidine would have been in regular use. There is no evidence that Shipman ever resumed any personal abuse of controlled drugs after his rehabilitation in late 1975 and early 1976.

13.48 When challenged about his drug taking in 1975, Shipman claimed that he had taken to it because he had become depressed and unhappy about his work and his relationships with his partners. His partners were unaware of any signs of depression and did not think there were difficulties within the practice. The psychiatrists say that the reason why many people become addicted to drugs is that they are depressed or anxious or deeply unhappy. There is no obvious reason why Shipman should have been depressed, anxious or deeply unhappy in the 1970s. He had achieved his ambition to become a doctor, which, at that time, was a considerable achievement for someone from his background. He was married and had a young family. Although the marriage had not taken place under ideal circumstances (Shipman was a student and Mrs Shipman was pregnant) it does not appear to have been unhappy. It has certainly stood the test of time. However, the psychiatrists stress (and I accept) that Shipman might have had all manner of underlying problems. We simply do not know. It seems to me that whatever problem it was that drove him to pethidine addiction in the 1970s was almost certainly never resolved and probably became a permanent part of his make-up.

13.49 The psychiatrists say that a person who has one addiction is quite likely to be subject to other forms of addiction. I think it likely that whatever it was that caused Shipman to become addicted to pethidine also led to other forms of addictive behaviour. It is possible that he was addicted to killing.

## What Does This Constellation of Traits Reveal?

13.50 This is not an attractive constellation of traits. However, it is by no means unique or even particularly uncommon. I have talked to the psychiatrists about Shipman's characteristics. They have made some tentative suggestions about his underlying personality but stress that these are only theories and cannot be demonstrated without formal assessment. They suggest that Shipman may have a rigid and obsessive personality. They think he may be isolated and may have difficulty in expressing

emotions. They suggest that his arrogance and over-confidence are almost certainly a mask for poor self-esteem. They think that, for most of his adult life, he was probably angry, deeply unhappy and chronically depressed. They suggest that he has a deep-seated need to control people and events. Once he fears that he cannot control events, he feels threatened and reacts so as to take or regain control.

13.51 It is clear that these traits are not in themselves enough to explain why Shipman became a serial killer. On the evidence available, the psychiatrists cannot explain how this melange of characteristics could lead to such extreme conduct. Even if Shipman also has unresolved feelings of grief about the loss of his mother at an impressionable age, there is still not enough to explain his later conduct. There must be something else, much more significant. The psychiatrists say that they cannot discover this without many hours of discussion with him. They postulate the theory that he could be psychotic, although they stress there is no evidence that he is. They think that his actions must be the product of a diseased mind but are unable to shed any light on the nature of that disease. They suggest the possibility that Shipman might have developed a fear of death and a need to control death. It is possible that he has a morbid interest in death. It is possible that he might have experienced a ' buzz' of pleasure from association with death. It is also possible that death might have given him a sense of relief from some intolerable pressure or anxiety. In short, Shipman may have had a need to kill. Any of these attitudes towards death, present in conjunction with an addictive personality, prone to obsessive and repetitive behaviour, might go some way towards providing an explanation.

13.52 There is not a great deal of evidence that Shipman had a morbid interest in death or derived pleasure from killing or from the circumstances of death. There is some, however. Mrs Judith Page, a patient of Shipman who worked as a home help, reported that one morning, during a consultation in his surgery, Shipman remarked to her that in the course of her work, he supposed she must sometimes find a client dead. She agreed that this had happened on one or two occasions and added that she had found it very upsetting, as she had become fond of her elderly clients. Shipman's response was to ask her whether she did not find that it gave her ' a buzz'.

13.53 Some evidence that Shipman had a morbid interest in death may be seen on the occasion of Mrs Mavis Pickup's death, when Shipman came to the house to examine Mrs Pickup's body and to certify the cause of death. Shipman's young son, who was then aged about 11 or 12, was with him, sitting outside in the car. While Shipman was waiting for the arrival of the funeral director, he went outside to bring his son in to see the body. The boy declined to come.

13.54 There are some circumstances from which I think it is reasonable to infer that Shipman either enjoyed killing or felt compelled to go in search of a victim. On 15th April 1984, a Sunday, he was on out of hours duty. In the afternoon, he was called out to see a patient (who died later that day). He dealt with her and was then free to return home. Whereas most doctors would be only too pleased to return home and resume their leisure activities, Shipman preferred to make an unsolicited visit to Mr Joseph Bardsley and,

under the pretext that he needed to take a blood sample, injected Mr Bardsley and killed him.

13.55 The case of Mrs Leah Fogg, who died on Monday, 10th June 1996, shows Shipman's urge to kill as soon as he became aware of an available victim. On Friday, 7th June 1996, Mrs Fogg's daughter, Mrs Marjorie Stafford, visited Shipman because she was concerned that her mother was depressed and not coping with the loss of her husband some years before. Mrs Stafford had noticed a sign in Shipman's waiting room that said that counselling services were available at the surgery. Mrs Stafford hoped that Shipman would arrange for her mother to receive bereavement counselling. However, she was concerned that her mother should not know that she had been to see Shipman, as it was ' behind her back'. Shipman promised to call on Mrs Fogg and said that he would do so unannounced. He did so three days after their talk, and killed Mrs Fogg. It would have been far less risky to wait a few weeks before killing her.

13.56 Usually, when Shipman had killed, he did not linger at the scene. This may have been because he was very busy and was due back at the surgery. However, I have the impression that after a death, when the relatives had assembled, he would enjoy acting as ' master of ceremonies'. He would be the centre of attention and would take control. He would present himself as omniscient. He would give instructions about the removal of the body. He would give his explanation for the death, often saying that, although it might have been a surprise to the relatives, it had been no surprise to him. He might add remarks such as ' she was riddled with cancer', as he said of Miss Lena Slater. Relatives would often be grateful to him and pleased that he had been present at the death.

13.57 The evidence that Shipman was fascinated by death is slight but not negligible. There is no evidence from which I could directly infer that he had a fear of death or a need to control it. There is some evidence that he is an addictive personality and it is possible that killing was a form of addiction. I do not think he can have had any concept of the value or sanctity of human life. I regret to say that I can shed very little light on why Shipman killed his patients. I do, however, think that it is possible to gain some insight into his thinking from an examination of which patients he chose to kill.

## The Selection of Patients

13.58 Statistically, it is clear that Shipman killed mainly elderly women living alone. He also killed some men and they too were usually elderly and living alone. In general, he killed people who were in poor health. Some of the earliest killings were of patients who were terminally ill or very unwell. Many of his victims were frail and in poor general health. I have already referred to what Shipman said about the elderly to the family of Mrs Mary Coutts after her death, namely, that he did not believe in ' keeping them going'. Mrs Kathlyn Kaye, the daughter of Mrs Annie Powers, told the Inquiry that Shipman told her elderly parents that, if they were animals, he would have them put down. He may have regarded this as a joke but Mr and Mrs Powers did not. Nor did Mrs Kaye, when Shipman repeated the remark to her. I think this remark reveals something of Shipman's attitude to elderly people.

13.59 Shipman seemed to think that he knew when a patient ought to die. He quite often said that it was ' for the best' that the patient should have died when he or she did. It was better that ' she should not suffer'. The patient would not have wanted to ' live in a wheelchair', or ' be a vegetable', or have to stay in hospital ' with wires coming out of her', or ' be a burden to her family'. Of course, some people make this kind of remark following a death in the belief that they are comforting the bereaved. In Shipman's case, when he had just killed a patient, it may be that he persuaded himself that what he had done was in some way justifiable. The fact that most of the early killings were of people who were either close to death or very ill lends support to that view.

13.60 I think there was probably another reason why most of Shipman's early victims were terminally ill or in very poor health. For a doctor to give an overdose of opiate to a patient whose death is expected would give rise to very little risk of suspicion or detection. I think Shipman's earliest victims were those whose deaths presented the least danger of discovery. The killings of such people might also have seemed to him to be the least morally culpable. He might have persuaded himself that he was doing his patients and their relatives a favour. The psychiatrists say that these apparently logical explanations for the early killings are not inconsistent with the theory that Shipman killed in response to a need within himself. It seems to me likely that Shipman killed primarily in response to his own needs or wishes but, initially at least, selected victims whose deaths would not greatly threaten his own security and could perhaps be justified to himself in some way.

13.61 Shipman continued to kill terminally ill patients over the years and also killed patients who were suffering from acute life-threatening conditions. If Shipman was called to a patient who was having a stroke or a heart attack, he would be more likely to give a lethal injection so as to ensure that the patient died there and then, rather than attempt to treat the condition and give the patient a chance of life. The killings of Mrs Sarah Williamson and Mrs Laura Linn are examples of this. These deaths would be easily explained and would give rise to a very low risk of detection. Shipman might even have justified such killings to himself on the basis that the patients' quality of life after the acute event would be poor.

13.62 Shipman might also have felt justified in killing those patients who told him that they ' felt unable to go on', implying that they were ready to die. Whether such sentiments were the product of a settled wish to die or of a passing episode of unhappiness is not for me to consider. The law is clear. A doctor is not permitted to end life in response to a request and Shipman well knew that.

13.63 Shipman seems to have been particularly willing to kill the bereaved. Mr Harold Eddleston was killed only a few days after his wife died and Mrs Mavis Pickup lived for less than four weeks after her husband's death. I have already referred to the case of Mrs Leah Fogg, which illustrates the same point.

13.64 Shipman often killed patients who had a chronic condition which required a great deal of medical attention. For example, Mrs Alice Gorton, whom he killed in 1979, had terrible psoriasis. Shipman visited her very frequently to give her the supplies of the ointments and dressings she required. Mr Joseph Wilcockson, who was killed on 6th November

1989, had a painful ulcer on his leg, which was probably never going to heal. The district nurse attended regularly to dress it. Mrs Beatrice Toft had severe lung disease and used an oxygen cylinder. She had been into hospital on a number of occasions in the past and would plainly have needed a great deal of care had she lived out the terminal stage of her illness. None of these patients was close to death, however, and the suddenness of their deaths might have aroused suspicion. I suspect that Shipman selected patients such as these, who were or were about to be very demanding of his time and the resources of the practice. That he was concerned about resources is apparent from a remark he made about Mrs Edith Calverley, who had severe respiratory problems and was taking several different types of medication. After her death, Shipman remarked to the district nurse, ' That's one off my drugs bill'.

13.65 There are some patients whom I think Shipman regarded as a nuisance. Most of Shipman's younger victims had chronic conditions, often associated with psychiatric problems. Mrs Bianka Pomfret was only 49 when she was killed. She had a long history of psychiatric illness. Mr Ronnie Devenport was only 57. He was a very demanding patient and was probably a hypochondriac. Miss Joan Harding and Mrs Ivy Lomas, both of whom were killed in the surgery, suffered from anxiety and depression and consulted Shipman regularly. After Shipman had killed Mrs Lomas, he ' joked' to Police Sergeant (then Police Constable) Phillip Reade that Mrs Lomas had been such a nuisance that he had considered having a seat in his waiting area set aside for her, and having a plaque mounted which said ' Seat permanently reserved for Ivy Lomas'.

13.66 Shipman seems also to have chosen to kill patients who annoyed him for some reason. Mr Joseph Bardsley had refused to have the injections Shipman had prescribed for his pernicious anaemia. Shipman seems to have been particularly vindictive against patients who would not accept his advice about a move into residential care. Mr John Greenhalgh agreed to such a move and then changed his mind. He was dead within a few days. Mrs Lily Taylor was in good health and looked after her husband, who had Alzheimer's disease. She resisted Shipman's pressure to put her husband in residential care. In July 1997, Shipman killed Mrs Taylor and Mr Taylor then had to go into residential care. On this theme, I have found several further examples of Shipman killing the fitter partner of a couple, with the result that the surviving partner would have to go into residential care. For example, Mrs Doris Earls was a very fit 79 year old and looked after her husband, who had Alzheimer's disease. Shipman killed her and her husband had to move into a residential home.

13.67 I stress that, in drawing attention to the circumstances in which Shipman appears to have selected patients to kill, I am not suggesting that these considerations provide a motive for killing. They do not explain why he killed those particular patients, only why he selected some victims rather than others.

## The Interludes When Shipman Did Not Kill

13.68 Shipman's killings gradually increased in frequency. However, that trend was interrupted from time to time. The evidence suggests that these interruptions were dictated by his fear of detection and his desire for self-preservation.

13.69 In the early days, I believe that Shipman did not kill very frequently. I have found only one patient whom he killed in Todmorden. She was Mrs Eva Lyons, who had terminal cancer. There are others about whom I am suspicious. After Shipman moved to Hyde, he killed his first victim in August 1978 and had then killed six others by the end of November 1979. After he had killed Mrs Alice Gorton in August 1979 and Mr Jack Leslie Shelmerdine in November 1979, I have concluded that he killed his next victim in April 1981. I think this interval probably occurred because Shipman had a scare. First, he failed to kill Mrs Gorton as efficiently as he had intended. He thought she was dead and was telling her daughter that it would not be necessary to have a post-mortem examination when Mrs Gorton groaned: she was still alive. She lay unconscious for about 24 hours before dying. Shipman must have been afraid that she might recover and recount what had occurred. Second, I think Shipman was probably very anxious indeed in the aftermath of the killing of Mr Shelmerdine, whose son made a complaint, which was not about Shipman, but was about the failure of the Geriatric Department of Tameside General Hospital to send out a doctor on a domiciliary visit. Shipman might well have feared that Mr Shelmerdine's death would be investigated and that there would be a post-mortem examination. In the event, there was not.

13.70 I have made only two findings of unlawful killing in 1981 and none at all in 1982. The first killing after this second interval was of Mr Percy Ward in January 1983. Mr Ward had terminal cancer and would have been a ' low risk' death. The only other patient whom I have found that Shipman killed that year was Miss Moira Fox. From 1984, Shipman killed more frequently and without any long intervals until the death of Mr Joseph Wilcockson in November 1989. Here, again, it appears that Shipman might well have been concerned that he had almost been detected. It appears that the district nurse who visited Mr Wilcockson must have arrived very shortly after Shipman left Mr Wilcockson's flat, having killed him. Following that death, there was another quite long interval. Shipman did not kill for ten months. His next victim was Mrs Dorothy Rowarth, who died in September 1990. She had terminal cancer and was another ' low risk' death. In December 1990, Shipman killed Mrs Mary Dudley. She was not in poor health, although she had recently been bereaved.

13.71 I have found that Shipman next killed after he had moved to his new premises at Market Street. Shipman gave various excuses and explanations for his decision to leave Donneybrook. He claimed that he disagreed with his partners about computerisation of records and about fundholding. I think it unlikely that either of those excuses was the true reason for his wish to be a sole practitioner. It may well be that he thought he would prefer single-handed practice for a variety of reasons, but I think that a major factor must have been a wish to be free of the constraints unwittingly imposed by the Donneybrook doctors. It is not unreasonable to postulate that he had become alarmed that one or more of the doctors or staff might be suspicious of him. In fact, they say that they had no suspicions but that does not mean that Shipman did not fear that they had.

13.72 Once established at Market Street, Shipman resumed killing within weeks and was soon killing more frequently. There were no more long interludes. There were occasional short periods when he did not kill for a few months. One such occurred between February and May 1994. On 18th February 1994, Shipman gave Mrs Renate Overton an overdose

of opiate, almost certainly diamorphine. He intended to kill her but the ambulance arrived before she died and the paramedics resuscitated her and took her to hospital. She was deeply unconscious and had suffered irreversible brain damage. She lived, in a persistent vegetative state, for 14 months. I explained in Chapter Twelve why Shipman must have been very anxious following that episode. Shipman did not kill for three months after 18th February. When he killed again, his victim had cancer, although she had not yet reached the terminal phase. He told his victim, Mrs Mary Smith, that he was arranging for her to go into a hospice for terminal care. In this way he created the impression that her death was imminent.

13.73 I think these interludes suggest that Shipman was able to restrain himself from killing. If he was addicted to killing, it does not seem to me that his addiction was so great that it could not be controlled if the need were great enough. However, the psychiatrists warn that there may be other explanations for these temporary halts, possibly associated with Shipman's mental health. I heed that warning, but it seems to me that the temporal associations I have described provide compelling evidence of cause and effect. I think it likely that Shipman stopped killing from time to time because he feared that he might be under suspicion. When he resumed killing, he did so gradually, sometimes beginning with a terminally ill patient. It was as if he were entering the pool at the shallow end to see if he could still swim.

13.74 After 1994, Shipman's rate of killing gradually increased until it reached its highest levels in 1997 and early 1998. I do not know whether this increase was related only to the ease with which he was able to acquire diamorphine during this period. However, I think the pace is also consistent with the hypothesis that he had become addicted to killing and needed to kill more frequently. It seems that during this period he was less worried by narrow escapes. He became more confident and self-assured, always able to talk himself out of a difficult situation. During this period, Shipman killed male and female, the healthy and the sick, the elderly and the not so elderly. Mrs Lily Higgins and Mrs Enid Otter enjoyed excellent health. Mrs Maureen Jackson and Mr Harold Eddleston had cancer. At the time of their deaths, Mrs Bianka Pomfret was 49 years of age, Miss Maureen Ward was 57 and Mrs Jean Lilley was 58. Mrs Margaret Waldron was 65 and lively and active. Mr Charles Killan was 90 and Mrs Martha Marley was 88. Opportunity seems to have been all that was required. It may be that, during these later years, Shipman was virtually out of control. It is typical of addictive behaviour that the subject needs more and more opportunities to feed the addiction. He does seem, however, to have exercised some control after the end of March 1998.

## Shipman's Downfall

13.75 I have described in Chapters One and Twelve how, in March 1998, Dr Linda Reynolds became concerned about the number of cremation certificates Shipman was asking her and her colleagues to sign. She reported her concerns to the South Manchester Coroner. He instigated a police investigation, which concluded that there need be no concern about Shipman's practice. Soon afterwards, it is likely that Shipman learned that he was under suspicion or investigation. I think he knew that concerns had been expressed about the number of his patients who had died. He probably realised that the

doctors of the Brooke Practice were the source of the concerns. After killing Mrs Martha Marley on 24th March, he stopped killing for several weeks. He killed again on 11th May and 12th June. By 12th June, he had begun the arrangements for forging Mrs Grundy's will. On 9th June, he had obtained sample signatures from Mrs Grundy and two potential ' witnesses'.

13.76 Shipman's forgery of Mrs Grundy's will was hopelessly incompetent and the arrangements he made for its delivery were bound to excite suspicion. The psychiatrists find it hard to believe that Shipman really thought he could get away with forging the will and killing the testator. I agree. If he did, he had lost touch with reality. It is possible that he had begun to think he was untouchable. He had got away with so many killings and was still idolised by many of his patients. By June, it must have appeared to him that any suspicions entertained in March had been allayed.

13.77 The psychiatrists say that it is not uncommon for serial killers to be detected because they draw attention to themselves in an obvious way. They believe that this occurs because the pressure on the killer becomes too great and he or she has to find some way of bringing his or her crimes to a halt or of relieving his or her guilt. This is probably not a conscious process but is more likely to be subconscious. The psychiatrists say that the fact that Shipman did not confess after drawing attention to himself is not inconsistent with the theory that he had a subconscious desire to be stopped from killing. Other serial killers have behaved in this way.

13.78 The psychiatrists suggest that Shipman might have had mixed subconscious motivations in forging the will before killing Mrs Grundy. He might have felt an overwhelming need to stop killing. He might have been, as it were, ' throwing himself to the gods'. Either his plan would succeed and he would leave Hyde and run away with the money, or he would be caught. Either way, the killing would be stopped. However, the psychiatrists stress that this is only one of several possible theories that might explain Shipman's actions at this stage. So little is known of his psyche that they cannot even postulate what other thought processes or motivations might have been at work.

13.79 It seems to me that, in forging Mrs Grundy's will and killing her, Shipman must have been raising a flag to draw attention to what he had been doing. I think it likely that the conflict between whatever drove him to kill and his fear of detection, which I think was revived in early April 1998, must have driven him to the edge of breakdown. I think perhaps that, when he knew he was being talked about around that time, he might have tried to stop himself from killing. He failed, and killed Mrs Winifred Mellor on 11th May. No longer in touch with reality, I think he might then have devised a fantasy plan, by which he could obtain Mrs Grundy's money, run away and stop being a doctor. The killings would cease. This plan, rationally considered, was bound to fail, but it would offer him a fantasy future and a way to stop himself from killing. Whether he needed to end the killings only because he feared detection or whether there were other psychological needs, I do not know. But I think that the intolerable tension between his drive to kill and his need to stop lay at the root of this fantasy. That is the best explanation I can offer for the final event.

## After Mrs Grundy's death

13.80 That Shipman did not kill again after 24th June must, I think, show that he still hoped and believed that his plan would succeed. He wrote to Hamilton Ward to tell them that Mrs Grundy had died and to remind them that they had her will. He suggested that they should contact Mrs Woodruff. He could not take matters forward. It is remarkable that in this situation, which most people would find intolerable, he continued to operate as a doctor in his usual way. It may be of significance that, on 6th July, he obtained a modest quantity (100mg) of diamorphine. This would tend to suggest that he was at least contemplating the possibility of killing again. When Mrs Claire Hutchinson came to see him to tell him that Mrs Woodruff had been to enquire whether she had witnessed Mrs Grundy's will, he said that he was very sorry that she had been bothered at home and that he would never again ask anybody to witness anything in the surgery. In late July, he had the confidence to tell Dr Banks that he and his staff had carried out an audit of the patient deaths which had occurred in the first three months of the year and he was satisfied that there was no cause for concern. Even when the news of the police investigation broke on 18th August 1998, and the media were full of the story, Shipman continued to work normally at the surgery. He dealt with the journalists. He received many expressions of support from patients who were not prepared to entertain the possibility that the allegations might be true.

13.81 When the arrest came, Shipman retained his composure. In interview, he was, for the most part, confident and asserted his supposed superiority. At times, he treated the police with contempt. I notice that he never expressed any sense of regret or sympathy for the relatives of his victims. He gave clear and apparently rational answers to the police questions. I say ' apparently rational' because his explanation for the finding of morphine in Mrs Grundy's body was not really rational. He told the police that she must have taken heroin and claimed that he had for some time suspected her of being a drug addict. Knowing what he knew of Mrs Grundy's character and background, this must have been an answer given in desperation. He did not offer any explanation for the finding of morphine in the bodies of Mrs Winifred Mellor and Mrs Marie Quinn. Shipman continued to deal with the questions until the interviews of 5th October reached the stage at which the police made it clear that examination of the surgery computer had revealed clear evidence that he had made backdated entries in the medical records of Mrs Mellor, that were plainly designed to provide a plausible explanation for her death. At that stage, he was clearly at breaking point. The interview was stopped at the request of his solicitor and was not resumed for over a month. When the interviews were resumed, he answered ' no comment' to every question. He remained in control of himself and, to some extent, of the situation.

13.82 At the trial, Shipman played a full and active part. He made copious notes and frequently gave instructions to his counsel. He gave detailed evidence. He never lost control of himself. His defence was that he had not killed any of the 15 patients; their deaths had been natural. At the trial he had an explanation for much of what was alleged but could not explain the presence of morphine in the bodies. With the exception of Mrs Grundy, he never sought to do so. He advanced explanations for the backdating of entries on the computer records, but they were clearly implausible. The

evidence of guilt was overwhelming. Yet he did not confess, and he maintains to this day that all he had ever done was to give appropriate treatment to his patients. It may be that he has convinced himself that he is innocent. The psychiatrists say that such a degree of self-deception, which involves compartmentalisation of ideas and dissociation of thought processes, is not uncommon following the commission of very serious crimes. It is a mental mechanism by which the criminal defends himself from the overwhelming anxiety which facing reality would cause.

13.83 I cannot say whether Shipman has genuinely convinced himself of his innocence. If he has, he is plainly out of touch with reality. It may be that he knows what he has done and that it was wrong but chooses, possibly as a form of self-protection, to maintain a complete denial. I doubt that we will ever know.