

## CHAPTER FOURTEEN

### Conclusions

#### The Numbers

- 14.1 In Phase One of the Inquiry, I set the Inquiry team the task of uncovering all Shipman's unlawful killings. As there was uncertainty about whether he had killed a large number of patients, I decided that the only way the task could be achieved was to consider the evidence available in relation to every patient of Shipman who died while he was in practice. Shipman's guilt in 15 cases was determined by the jury. In all, the Inquiry considered 887 deaths. In 394 cases, there was compelling evidence that the patient had died a natural death. Those cases were closed without further investigation. The Inquiry legal team has investigated the circumstances of the remaining 493 deaths and I have written a decision in each. I have also written a decision in relation to one incident in which Shipman acted unlawfully but which did not result in the patient's death.
- 14.2 I have found that Shipman committed serious criminal offences throughout his professional career. From 1974, he regularly obtained controlled drugs by illicit means. In August 1974, he unlawfully administered an opiate, probably pethidine, to Mrs Elaine Oswald, causing her to suffer respiratory arrest and putting her life at risk. He first killed a patient, Mrs Eva Lyons, in March 1975. She was suffering from cancer and was terminally ill. Shipman gave her a lethal overdose and hastened her death. In the 24 years during which Shipman worked as a doctor, I have found that, in addition to the 15 patients of whose murder he was convicted, he killed 200 patients. In a further 45 cases, there is real cause to suspect that Shipman might have killed the patient. In 38 cases, I have been unable to reach a conclusion of any kind due to the insufficiency of evidence. These deaths occurred mainly in the early years of Shipman's career, for which there are few written records. I regret that the families of these patients will be left in a state of uncertainty. Shipman's last victim was Mrs Kathleen Grundy, who died on 24<sup>th</sup> June 1998. In 210 of the cases in which I have written a decision, I have found that the death was certainly or probably natural.

#### The Typical Shipman Killing

- 14.3 The following picture of a typical Shipman murder emerged. Shipman would visit an elderly patient, usually one who lived alone. Sometimes, the visit would be at the patient's request, on account of an ailment of some kind; sometimes, Shipman would make a routine visit, for example to take a blood sample or to provide repeat prescriptions; sometimes he would make an unsolicited call. During the visit, Shipman would kill the patient. Afterwards, he behaved in a variety of ways and had a variety of typical explanations for what had happened. Sometimes, he would claim that he had found the patient dead when he arrived. If asked how he had gained entrance, he would say that the patient had been expecting him and had left the door 'on the latch'. Sometimes, he would stay at the premises and telephone relatives or call upon neighbours and reveal the death to them. He might say that he had found the patient close to death or he would sometimes claim that the patient had died quite suddenly in

his presence. Sometimes, he would leave the premises after killing the patient, closing (and thereby locking) the door behind him. Either then or later, he would go in search of a neighbour who held a key, or to the warden if the patient lived in sheltered accommodation, and together they would go to the premises and 'discover' the body. On other occasions, he would leave the body unattended and would wait for a relative or friend to discover the death.

- 14.4 Shipman's usual method of killing was by intravenous injection of a lethal dose of strong opiate. Sometimes, mainly if the patient was ill in bed, he killed by giving an intramuscular injection of a similar drug. I suspect that, on occasions, he also gave overdoses of other drugs, such as Largactil, with the intention of putting a patient into a deep sleep from which he or she would be unlikely to awake. There is no reliable evidence that he killed other than by the administration of a drug.
- 14.5 In addition to these serious offences against the person, Shipman must have committed drugs offences virtually every day he was in general practice, in that he was almost always in possession of controlled drugs without lawful authority. He obtained large quantities of pethidine and diamorphine by illegal, dishonest means, using deception and forgery.

### **The Report of Professor Richard Baker: Compatibility of Results**

- 14.6 Professor Richard Baker's review of Shipman's clinical practice was published in January 2001, shortly before the Inquiry was set up. When my own decisions were complete, I invited Professor Baker to analyse and relate them to his findings. His analysis is at Appendix A of this Report.
- 14.7 In his review, Professor Baker considered the 521 deaths of which, according to his researches, Shipman had certified the cause. He compared the death rates among Shipman's patients with those of the patients of other comparable general practitioners. His best estimate was that an excess of 236 deaths was 'most likely to reflect the true number of deaths about which there should be concern'. Within a 95 per cent confidence interval, he estimated that the excess deaths (which represented the number of patients Shipman had probably killed) lay between 198 and 277 patients. Including the closed cases, the Inquiry has considered a larger number of deaths than did Professor Baker, as we have considered many deaths of Shipman's patients which were not certified by him. Nonetheless, my own decisions have produced results quite remarkably similar to his. My conclusion that Shipman killed 215 patients falls well within Professor Baker's confidence interval. I think it likely that at least some of the 45 deaths that I have designated as 'suspicious' were ones for which Shipman was responsible. If 50 per cent of the suspicious deaths were in fact killings, my conclusions would match Professor Baker's best estimate very closely indeed.
- 14.8 The similarity between our conclusions is particularly remarkable because the processes by which we reached them were completely different. Professor Baker compared Shipman's death rates with those of other general practitioners working in the same localities. I did not have regard to any statistical information, but considered only the material available in respect of the individual deaths. The overall similarity between

our conclusions gives rise to a high degree of confidence in their accuracy. It would seem to follow that a statistical comparison of the death rates of a general practitioner with those of other practitioners in a similar position could be used as a method of detecting a doctor who was killing his patients. Such a method would not, of course, detect an occasional killing.

- 14.9 Professor Baker has demonstrated a very close correlation between the deaths which I have found were unlawful killings and those which he designated as highly suspicious after considering the cremation Forms B, where available. There was also a good correlation between the deaths that I found were natural and those which he regarded as not suspicious. That would suggest that the kind of information which is presently contained in cremation Form B should be provided under any new form of death certification. Scrutiny of such material would be useful when unexplained deaths are investigated and might well be of value if a system were to be instituted for the random monitoring of the certification of individual deaths.
- 14.10 Similarly, Professor Baker has found a close correlation between those deaths for which I have found Shipman responsible and those which he himself regarded as suspicious after considering the clinical records. There is also quite a good correlation between those cases which I am satisfied were natural deaths and those which Professor Baker considered were not suspicious, on the basis of the clinical records. This would suggest that the examination of clinical records would be useful in the investigation of unexplained deaths.

## **Deaths in Nursing and Residential Homes**

- 14.11 For the 24 year period under review, the Inquiry has investigated 124 deaths in nursing and residential homes. I have found that only three of those patients were unlawfully killed by Shipman. They were Mrs Dorothy Fletcher who died in Charnley House on 23<sup>rd</sup> April 1986, Mr Clifford Heapey who died in Hyde Nursing Home on 2<sup>nd</sup> June 1995, and Mrs Eileen Crompton who died in Charnley House on 2<sup>nd</sup> January 1997. There is some suspicion surrounding the deaths of a further eight patients. All of Shipman's other victims were given a lethal injection in their own home or in Shipman's surgery. I infer from those figures that patients living in nursing and residential homes were to a very large extent protected from Shipman by the presence of staff.
- 14.12 In his review, Professor Baker found that, over the 24 year period, Shipman had 61 more patient deaths in institutions than did comparable doctors working in the same areas. Because he found little cause for suspicion in the cremation documents or medical records relating to the deaths, Professor Baker did not think that the excess was due to Shipman killing his patients. He could not identify the reason for it. I am confident that the reason for this excess cannot be that Shipman was killing his patients. Although I do not rule out the possibility that I might have been given untruthful evidence in a few cases, I am quite sure that I have not been misled into believing that a large number of deaths in institutions were natural, when they were in fact killings. The Inquiry has obtained evidence from many members of staff who worked in nursing and residential homes in Hyde. If Shipman had regularly killed patients in these homes, I am sure that

the staff would have been aware of it and would have expressed their concerns to the Inquiry.

- 14.13 Other evidence has emerged during the Inquiry which, at least to some extent, explains the excess. It occurred mainly during the years 1978 to 1984 and 1993 to 1998. The excess during the first period is easily explained. It appears that Shipman almost certainly had more patients in institutions than the doctors with whom he has been compared. He was new to Hyde in 1977 and was building up his practice list. The evidence shows that he was popular with the residents of Charnley House and was well respected by its owner. All new residents who were not already on the list of a general practitioner in the area were registered on Shipman's list. During this period, he had a large number of Charnley House patients and it is, therefore, reasonable to assume that he would have had a large number of deaths. Shipman stopped accepting all new residents of Charnley House onto his patient list in the late 1980s and the number of his patients living there must have gradually declined. That would account for the fact that there were no or very few excess deaths between 1985 and 1992. Examination of the Charnley House admissions register shows that Shipman's patients lived approximately the same length of time after admission as the patients of other doctors. There is, therefore, no reason to suspect that he was killing his Charnley House patients during this period.
- 14.14 The excess in the second period 1993 to 1998 is not so obviously explained, although it appears that Shipman might well have had more patients in institutions than did the other comparable general practitioners. At least two explanations occur to me. One is that, for financial reasons, Shipman might have been anxious to increase his patient list after leaving the Donneybrook practice. Another, more sinister, explanation is that he might have been particularly willing to accept patients in nursing and residential homes onto his register in order to ensure that his percentage of elderly patients remained within the normal parameters.

## **Systems Failures and Tasks for Phase Two**

- 14.15 It is deeply disturbing that Shipman's killing of his patients did not arouse suspicion for so many years. The systems which should have safeguarded his patients against his misconduct, or at least detected misconduct when it occurred, failed to operate satisfactorily. The esteem in which Shipman was held ensured that very few relatives felt any real sense of disquiet about the circumstances of the victims' deaths. Those who did harbour private suspicions felt unable to report their concerns. It was not until March 1998 that any fellow professional felt sufficiently concerned to make a report to the coroner. Unfortunately, Dr Linda Reynolds' report of 24<sup>th</sup> March 1998 came to nought. Had it not been for Shipman's grossly incompetent forgery of Mrs Grundy's will, it is by no means clear that his crimes would ever have been detected.
- 14.16 All but three of the deaths for which I have found that Shipman was responsible were entered in the register of deaths in reliance on MCCDs completed by Shipman. The majority of those deaths were followed by cremation. Before a cremation can be authorised, a second doctor must confirm the cause of death and the cremation

documentation must be checked by a third doctor employed at the crematorium. These procedures are intended to provide a safeguard for the public against concealment of homicide. Yet, even with these procedures in place, Shipman was able to kill 215 people without detection. It is clear that the procedures provided no safeguard at all. In Phase Two, the Inquiry will consider why the procedures failed and what should be done to devise a system which will afford the public a proper degree of protection.

- 14.17 Shipman's patients frequently died suddenly at home, without any previous history of terminal or life-threatening illness. Such deaths should be reported to the coroner. Yet, when he had killed a patient, Shipman managed to avoid a referral to the coroner in all but a very few cases. He did this by claiming to be able to diagnose the cause of death and to be able to certify its cause. He persuaded relatives that there was no need for a post-mortem examination. There was in place no system which detected that Shipman was not reporting to the coroner deaths which ought to have been reported. In Phase Two, the Inquiry will consider how to ensure that unexpected or unexplained deaths are reported and their causes properly investigated.
- 14.18 After Shipman's convictions for drugs offences in 1976, he declared his intention never to carry controlled drugs again. Accordingly, he was not obliged to keep a controlled drugs register. Yet he was able, by a number of different methods, to obtain and stockpile large quantities of controlled drugs. Despite the fact that the possession and supply of such drugs are said to be 'controlled', the controls clearly failed to work. In Phase Two, the Inquiry will consider why that was so and what measures should be taken to strengthen and improve the systems of control.
- 14.19 Professor Baker has observed that an effective system of monitoring the death rates of general practitioners would have detected the excess number of deaths among Shipman's patients. No such system was in place during Shipman's years in general practice. In Phase Two, the Inquiry will seek to identify effective systems for monitoring death rates, will consider other possible improvements to the arrangements for the monitoring of general practitioners and will examine ways of encouraging those genuinely concerned about possible misconduct by doctors to express their concerns to those in a position properly to investigate and evaluate them.
- 14.20 By the end of the Inquiry, I hope to be able to make recommendations which will seek not only to ensure that a doctor like Shipman would never again be able to evade detection for so long, but also to provide systems which the public will understand and in which they will have well-founded confidence.

## **The Betrayal of Trust**

- 14.21 Deeply shocking though it is, the bare statement that Shipman has killed over 200 patients does not fully reflect the enormity of his crimes. As a general practitioner, Shipman was trusted implicitly by his patients and their families. He betrayed their trust in a way and to an extent that I believe is unparalleled in history. We are all accustomed to hearing of violent deaths, both in the media and in fiction. In some ways, Shipman's 'non-violent' killing seems almost more incredible than the violent deaths of which we

hear. The way in which Shipman could kill, face the relatives and walk away unsuspected would be dismissed as fanciful if described in a work of fiction.

- 14.22 Although I have identified 215 victims of Shipman, the true number is far greater and cannot be counted. I include the thousands of relatives, friends and neighbours who have lost a loved one or a friend before his or her time, in circumstances which will leave their mark for ever. Although the responsibility for what happened was Shipman's, there are many who will never cease to regret that they had not done something differently: to wish that they had not encouraged their parents to register on Shipman's list or that, on the day of the death, they had done something which would have deprived Shipman of his opportunity to kill. Those people are not, of course, in any sense, responsible for what occurred (and, rationally, they know it), but it is human nature that some will harbour the thought that, if only they had acted differently, their loved one would still be alive today. There are also the hundreds of patients of Shipman who have been deeply disturbed by the realisation that Shipman was not the kind, caring and sympathetic man they took him for. They too must feel betrayed.
- 14.23 Shipman has also damaged the good name of the medical profession and has caused many patients to doubt whether they can trust their own family doctor. This trust forms the basis of the relationship between doctor and patient. Although I believe that the overwhelming majority of patients will, on reflection, realise that they can indeed trust their doctor as they always have done, there will be some who will remain uncertain.
- 14.24 I would like to express my deepest sympathy and that of the Inquiry team to all those who have been bereaved or distressed by Shipman's actions. The process of the Inquiry has been welcomed by some but not by all. For many, this Report will provide the answers they have expected or feared; for many others, it will provide reassurance. I regret that there are some who must remain in uncertainty. I wish to express my gratitude to all the witnesses who have assisted the Inquiry by providing statements and giving evidence. For some, I believe the experience has been cathartic and beneficial. For many, it was deeply distressing. I am grateful to them all.