

CHAPTER TEN

Shipman's Abuse of Controlled Drugs in Todmorden

The Obtaining of Drugs in 1974 and 1975

- 10.1 Shipman began his career in general practice in March 1974 when he joined the Abraham Ormerod Medical Centre, Todmorden. About ten months later, in January 1975, an inspector from the Northern Regional Office of the Home Office Drugs Inspectorate (HODI) in Bradford carried out a routine inspection of the records of a pharmaceutical wholesaler in the North of England. The inspection revealed that unusually large and regular supplies of pethidine ampoules were being delivered to the Todmorden branch of Boots the Chemists (Boots).
- 10.2 That information was passed to West Yorkshire Police (WYP), who attended and checked the records of all the pharmacies in the Todmorden area. It was found that, on nine separate occasions, between 8th April 1974 and 12th December 1974, Shipman had purchased ten 100mg ampoules of pethidine injections, a total of 9000mg. He had presented signed orders at Boots, claiming that the drugs were required for 'practice use' and had collected the drugs himself. In addition, it was found that, on 11 occasions between November 1974 and January 1975, Shipman had collected ten 100mg ampoules of pethidine, ostensibly on behalf of a patient in whose name he had prescribed the drug. On nine of those occasions, he had presented the prescriptions at Boots; on the other two occasions, he had presented them at another pharmacy in the town. During this period, Shipman also prescribed pethidine for two other patients, who presented and collected the drugs themselves. Thus, in a period of eight or nine months, Shipman had collected 20,000mg pethidine in injectable form.
- 10.3 When carrying out these enquiries, the police were told that Shipman was held in high regard by the local pharmacists. It appeared that Shipman had told the pharmacists that the signed orders were for use by the local midwifery service, which was based at the Abraham Ormerod Medical Centre, and that the prescriptions were for a terminally ill patient who was too unwell to collect the pethidine himself. No further action was taken at that time but a watch was to be kept on Shipman's activities.
- 10.4 Shipman's prescribing of pethidine, as revealed in the controlled drugs register (CDR) held at Boots, was reviewed by a Home Office inspector who visited Boots on 4th July 1975. He saw from the CDR that, between January 1975 and May 1975, Shipman had obtained ten pethidine ampoules on requisition on a further 11 occasions. The CDR also showed that, since 3rd April, Shipman had issued 31 further prescriptions, each for 1000mg pethidine, in the name of the same patient for whom Shipman had previously prescribed the drug. According to the pharmacist, Shipman had collected the drugs every time, explaining that the patient had cancer and that he was prescribing on the advice of a hospital consultant. It is not clear whether Shipman had collected drugs in the name of this patient during February and March 1975.
- 10.5 On 17th July 1975, two inspectors from the HODI Northern Regional Office, a senior inspector, Mr Frank Eggleston, and his junior colleague, Mr Donald McIntosh, together

with Detective Constable Harrison from the WYP, visited Shipman at his surgery and asked him to account for his use of pethidine. By this time, Shipman had collected pethidine for the same terminally ill patient on a further three occasions since 4th July (most recently on 16th July, the day before the visit). All previous enquiries had been made without informing Shipman and it is unlikely that he had become aware of them.

- 10.6 Shipman explained that Mr A, the patient for whom he had collected the drugs, was 82 and lived with his elderly wife in an inaccessible part of Todmorden. He suggested that the patient found it difficult to collect his prescriptions, that the district nurses were not authorised to carry controlled drugs and that, as a favour to his patient, he had delivered the pethidine for him. Shipman said that the drugs were self-administered by the patient and he produced a hospital letter relating to the patient, confirming that he was suffering from cancer. Shipman mentioned that he had also had an informal conversation with the treating surgeon, who had agreed with Shipman that treatment with pethidine was appropriate. Although it may have been true that Mr A had cancer, he was not in fact being treated with pethidine. Shipman was later to explain that the patient had had only five doses of pethidine before changing to a different analgesic drug because the pethidine made him **'sleep all the time'**. As for the requisitions, Shipman explained that he had had to collect these because he had assumed the responsibility for ordering controlled drugs on behalf of the practice.
- 10.7 When questioned about the practice CDR, Shipman produced a register in which he had entered the practice's acquisitions of pethidine but not the amounts of the drug supplied or administered to patients from the practice stock. He said that he and his colleagues would **'help themselves'** to drugs from the cabinet as and when they required them. He professed ignorance of the need to maintain a record of drugs taken from the cabinet. He was asked whether he could recall any patients to whom pethidine from the surgery cabinet had been administered. He gave the names of four patients who he suggested had required at least one injection. When the cabinet was examined, it was found to contain no pethidine; this was despite the large quantities obtained on requisition and the small number of occasions on which Shipman could recollect having personally administered the drug. It was decided that the absence of any record of supplies meant that tracing the drugs was impossible. No contact was made with the four patients Shipman had named and no request was made to examine their medical records.
- 10.8 Shipman was asked whether he had ever taken pethidine himself and he said that he had, at a party when he was a student. He said that he had never done so before or since. The Home Office inspectors decided to take no further action at that time but to keep Shipman's use of controlled drugs under review. They asked the police to provide a report on Shipman in six months' time. On 7th August, Mr McIntosh spoke to Shipman and his fellow doctors at the practice. They were advised of the requirements of the law governing record keeping and destruction of controlled drugs.

Shipman Is Caught Out and Referred for Treatment

- 10.9 A few weeks later, on Monday, 29th September 1975, the HODI was informed that Shipman had resigned from the Abraham Ormerod Medical Centre after it had come to the attention

of his partners that he was obtaining drugs illicitly. He had admitted abusing pethidine. During the previous week, the practice had been alerted to the presence of numerous further suspicious entries in the Boots CDR in Shipman's name.

- 10.10 Inspection of the pharmacy CDR revealed that, since 17th July, there had been a further seven occasions when Shipman had obtained 1000mg pethidine on requisition. Moreover, there had been nine occasions when he had prescribed 1000mg pethidine in the name of patients: two in the name of the same patient as previously, Mr A, and seven in the name of Mr M, a patient who lived in a residential care home. The pharmacist said that, on each occasion, Shipman had collected the drugs himself. Thus, in the ten-week period prior to 29th September, Shipman had collected 16,000mg pethidine from the pharmacy.
- 10.11 Examination of the practice CDR revealed that a new register had been used since 1st August but neither in that register nor in the old register was there any entry relating to the recently obtained pethidine. Since the HODI visit, therefore, Shipman had ceased making any record of controlled drugs obtained. One of the other doctors at the practice explained, when asked, that he was sure that, of the two patients whose names appeared in the pharmacy CDR, one had not received the drugs recorded as having been prescribed for him.
- 10.12 On 29th September 1975, Dr Philip Humberstone, a consultant physician at the Halifax Royal Infirmary, saw Shipman and arranged for him to be referred to Dr Hugo Milne, a local consultant psychiatrist and Director of the Regional Drug Unit, based at the Leeds Road Hospital in Bradford. Dr Humberstone had previously seen Shipman on 18th August for '**blackouts**' or '**seizures**', which he had attributed to '**idiopathic epilepsy**', i.e. epilepsy of unknown cause. It seems almost certain in hindsight that those episodes had been caused by Shipman's pethidine abuse. For some weeks before this abuse came to light, Shipman's wife had been driving him to his home visits. Dr Milne saw Shipman on 30th September. Shipman told Dr Milne that he was depressed and had been abusing pethidine for some time. It is not clear whether he said that the abuse had begun 18 months or two years previously. On Dr Milne's recommendation, Shipman was admitted to a private hospital, The Retreat, in York, under the care of Dr Ronald Bryson, also a consultant psychiatrist. He was to remain there for about three months. In the meantime, both Dr Bryson and Dr Milne notified the Home Office of his 'addict' status as the law required them to do.

Shipman Is Interviewed about His Abuse

- 10.13 On the evening of Friday, 28th November 1975, Shipman was interviewed at The Retreat by Detective Sergeant (DS) George McKeating of the WYP and Mr McIntosh. By this time, the police investigations had uncovered the possibility that Shipman had forged signatures on the back of the prescriptions issued in the name of Mr M and the police had also come to suspect that he had taken the whole or part of the supplies of pethidine obtained in the names of other patients. At the start of the interview, Shipman said that he intended to say nothing, on advice from the Medical Defence Union. However, when he learned that the officers might speak to his patients in the course of their enquiries, he said

that he would tell them what he had done. He said that he had first taken pethidine about 18 months previously, shortly after joining the practice. He had become depressed and had not got on well with his partners; taking pethidine made him feel better. He had been injecting pethidine intravenously into his arms and legs. He bared his arms to his interviewers to reveal that his veins had collapsed through repeated injection. He said that he had used about 600–700mg pethidine a day. Since beginning treatment, he had taken no pethidine and had suffered no withdrawal symptoms; he claimed that he was considered by Dr Bryson to be a drug abuser (rather than a drug addict).

- 10.14 When asked about the prescriptions for pethidine issued in the name of Mr M, Shipman admitted that he had taken all the pethidine for himself. Also, he admitted that he had forged, on the back of the prescriptions, the signatures of various members of staff at the residential home where Mr M lived. He had done this in order to claim exemption from prescription charges. When asked about a patient named Mrs WS, who suffered from cancer, Shipman admitted that he had collected and kept the pethidine from three of the four prescriptions issued in her name. In respect of a patient named Mrs ES, for whom he had issued two prescriptions for pethidine, he accepted that he had forged her signature on the back of the prescriptions, in order to avoid the prescription charge, and had taken almost all the drug for himself. He had also prescribed pethidine for a maternity patient; he had forged her signature on the back of the prescriptions. He had given the patient a small amount of pethidine while she was in labour and had taken the rest for himself. For patients named Mrs LC and Mr SH, he said he had prescribed for their needs but had given them only a small amount of pethidine, keeping the rest for himself. For Mrs GE, a patient with a renal stone, he said he had prescribed pethidine but had taken some for himself. He added rather flippantly, ‘... **shall we say half for her and half for me?**’ In respect of one patient, Mrs JR, for whom he had issued a prescription for pethidine, Shipman said he had no recollection at all. He agreed that he had deliberately selected certain patients, knowing that the prescribing of pethidine for them would have appeared, on superficial enquiry, to be reasonable treatment.
- 10.15 Shipman also agreed that he had failed to enter into the surgery CDR various amounts of pethidine that he had obtained on requisition. He said that he had been ‘**in a bit of a state**’ at the time. He then made a written statement in which he repeated the admissions he had made orally. He was charged with eight offences in connection with obtaining pethidine.
- 10.16 Examination of the contemporaneous documents has revealed that, in addition to obtaining pethidine, during February and March 1975, Shipman also obtained 20 ampoules of 30mg injectable morphine on requisition. DS McKeating (now retired) recalled in his statement to the Inquiry that, during the interview in November 1975, Shipman was asked whether he had ever injected himself with morphine. He said that he had tried it but had not liked it. He was not charged with any offence in connection with morphine. It seems to have been assumed that the acquisition of morphine was for genuine practice purposes. However, that quantity was enough to kill about ten opioid-naïve patients, and I cannot rule out the possibility that some of it was used to kill Mrs Eva Lyons (the patient whom I found in my First Report Shipman had killed while in Todmorden) and one or more of the of the six Todmorden patients about whose deaths I was suspicious.

Court Proceedings

- 10.17 On 26th January 1976, Dr Milne saw Shipman again and provided a psychiatric report for use in the criminal proceedings before the Halifax Magistrates' Court. On 29th January, Dr Bryson provided a report for the same purpose. Both reports were very supportive of Shipman. Dr Bryson said that the trigger for Shipman's abuse of pethidine had been depression, which Shipman had treated by '**unwise self-medication**'. Although he had become addicted to pethidine, his addiction had not reached the stage of total compulsion or constant need. After his discharge from hospital at the end of December 1975, he had shown insight into his condition and approached his problems with '**great courage, common sense and determination**'. Dr Bryson said that he thought the chances of relapse into drug dependence or anything similar '**extremely unlikely**'. He thought that, if Shipman were to suffer a recurrence of his depression, this would be recognised immediately and the strength of his basic personality was such that he would be able to avoid a repetition of his drug abuse.
- 10.18 On Friday, 13th February 1976, Shipman pleaded guilty at the Halifax Magistrates' Court to the eight offences with which he had been charged. These were no more than a representative sample of the offences he had committed. He pleaded guilty to three charges of obtaining ten ampoules of 100mg pethidine by deception, three corresponding charges of unlawful possession of pethidine and two charges of forgery of NHS prescriptions. The forgery charges reflected Shipman's conduct in endorsing the back of the prescriptions with what purported to be the signature of the person responsible for the care of the patient for whom the drug had been prescribed. He agreed to have 74 other charges taken into consideration. Although the relevant police and court files have been destroyed, it is clear from contemporaneous press reports that 67 of the 74 offences concerned the obtaining of pethidine by deception. It was said by the prosecution that the investigating police officers believed that Shipman had not supplied drugs to any third party; nor had he deprived any patients of drugs that they needed. It was also confirmed that he had recently obtained a post in the Durham area in which he would have no need to use controlled drugs. Shipman was fined a total of £600 and was ordered to pay £58.78 in compensation to the local Family Practitioner Committee.

The Procedure under Section 12 of the Misuse of Drugs Act 1971

- 10.19 In earlier Chapters, I have described the power conferred on the Home Secretary by section 12 of the Misuse of Drugs Act 1971. Following Shipman's conviction, the Home Secretary had the power to make a direction prohibiting Shipman from possessing, prescribing, supplying or administering controlled drugs. The initiative for the making of any such direction would originate with the HODI.
- 10.20 The HODI was based in London and was part of Division E4 of the Home Office. From June 1975 until about July 1978, the Head of Division E4 was Sir Geoffrey de Deney. In 1976, the Chief Inspector in charge of the HODI was Mr Charles Jeffrey and his deputy was Mr Bing Spear. Drugs policy was the responsibility of a separate department of Division E4. The Head of Drugs Policy was Mr Derek Turner.

- 10.21 Sir Geoffrey explained to the Inquiry the procedure for making a section 12 direction at that time. When a doctor was convicted of drugs offences, the case file would be sent to London from the regional office involved. The file would be considered by the Chief Inspector or his deputy. If it appeared to him that a direction might be appropriate, he would probably consult the Department of Health and Social Security (DHSS), although there was no standard procedure requiring this to be done. In the case of a general practitioner, a regional medical officer with knowledge of the offending doctor would provide an opinion on the doctor's general abilities and prospects for rehabilitation. It is not clear to the Inquiry upon what evidence this opinion would have been given, although in one case the regional medical officer spoke to the doctor's treating psychiatrist and, having received a favourable report, advised against a direction and none was made. Also, the Home Office would find out what the General Medical Council (GMC) intended to do about the doctor. Sir Geoffrey explained that the Home Office paid considerable heed to the views of the DHSS and the intentions of the GMC, as they had greater expertise in the field of drug misuse by doctors than did the Home Office, whose main interest and expertise lay in uncovering illegal supplying of drugs.
- 10.22 Having taken these steps, the Chief Inspector would refer the papers to the policy side of Division E4 with a proposal either to seek or not to seek a direction. If the Head of Drugs Policy approved a proposal that a direction should be sought, the papers would come to the Head of Division – in 1976, Sir Geoffrey. Once the case came to Sir Geoffrey's attention, he would make a decision on the basis of the material before him. If he agreed that a direction should be sought, the relevant official documents and a submission to the Home Secretary would be drafted and approved by legal advisers. The papers would then be sent to the Home Secretary. If the Chief Inspector and the Head of Drugs Policy were of the view that a direction should not be sought, the papers would not be sent to the Home Secretary and might not reach even the Head of Division. Sir Geoffrey said that, if a direction was made, it would usually be revoked after about two years, provided that there were no further reports of misconduct.
- 10.23 It appears from the small number of cases examined by the Inquiry that, in the years before 1976, section 12 directions were made not only in cases in which a doctor had unlawfully obtained controlled drugs for the purpose of supplying them to others but also in cases where the doctor's purpose had been to obtain the drugs for self-administration. As I shall explain below, this situation was to change in 1976. The number of convictions coming to the attention of the Home Office was not great and it appears that they were dealt with on a case by case basis, with no clear criteria being established to inform the decision whether to recommend a direction. However, it is clear that significant weight attached to what was perceived to be in the doctor's best interest. So, for example, if it was thought that the making of a direction would cause the doctor to lose confidence in his/her professional abilities, with a resultant impact upon his/her prospects of rehabilitation, this would be taken into account and might result in a doctor being given a second chance. In one case, a direction was lifted after only two months when supportive reports from treating doctors were considered. A direction was much more likely to be made and to remain in force where the doctor did not co-operate with any treatment offered.

The Section 12 Issue in Shipman's Case

- 10.24 On 4th March 1976, the WYP sent a report of the criminal proceedings to the Northern Regional Office of the HODI. It described the circumstances in which the offences had been committed and said that the police were satisfied that Shipman had been taking the pethidine himself. It summarised what Shipman had said in interview, namely, that he had not got on well with his partners, had become depressed and had consequently begun taking pethidine in June 1974. (I pause to observe that the date of Shipman's first obtaining of pethidine was April 1974, only a few weeks after he had started work in Todmorden in March 1974.) It said that the police were satisfied that Shipman had not supplied the drug to anybody else and that none of his patients had suffered as a result of his actions. In fact, it is probable that there had been no investigation into whether any had suffered, but certainly no evidence had been produced that they had. Sir Geoffrey said that he would not have expected the HODI inspectors to enquire whether patient care or safety had been affected by Shipman's drug taking. Such matters would, he said, have fallen more within the remit and expertise of the DHSS or the GMC. All the information in the WYP report was already known to the HODI inspectors in Bradford. Mr McIntosh noted in Shipman's file that the Home Office was going to have to decide whether to make a section 12 order against him.
- 10.25 At the same time, the GMC was notified of the conviction. On 17th March, a member of staff wrote to the WYP and to the HODI in London, asking for a brief account of the circumstances leading up to the offences, together with any additional information that might assist the GMC's Penal Cases Committee when it came to consider Shipman's case the following month. The police replied that it was contrary to their practice to provide reports or to allow their officers to provide witness statements, although they did offer DS McKeating for interview.
- 10.26 Shipman's Home Office file was considered by Mr Eggleston. Although those working in the Northern Regional Office played no formal role in deciding whether a section 12 direction should be made, Mr Eggleston was entitled to send a note of his views on the issue to London and, on 16th March 1976, he did so. He expressed concern about the seriousness and duration of Shipman's abuse but was also conscious of the impact that a direction might have upon his ability to make a living. He wrote:

'I have confirmed that no appeal against sentence has been lodged in this case and so we should now consider whether a direction should be issued under Section 12 of the MDA. My own view is that a direction would be appropriate, since Dr Shipman has on his own admission, taken up to 600mg of pethidine per day, and has used the drug for a period of about eighteen months. Both doctors who have attended him since his addiction was discovered, Dr Milne, of Lynfield Mount Hospital, Bradford and Dr Bryson, of The Retreat, York, have notified him as an addict to pethidine.

I do not know whether DHSS will be able to provide an assessment of Dr Shipman since I understand that he is no longer working as a general practitioner, but as an Area Medical Officer with the NCB (*National Coal*

Board), at Doncaster. A point to bear in mind, although it need not influence our decision unduly, is that Shipman may have responsibility for stocks of Omnopon injections held by the NCB and I understand that area medical officers are expected to hold stocks of analgesic drugs in case they are called to serious accidents at mines. It is conceivable, therefore, that a direction prohibiting his possession etc of those drugs in Part 1 of Schedule 2 to the MDA might seriously hamper his ability to carry out his present work.'

- 10.27 Shipman's file was then sent to London where, on 18th March 1976, a junior Home Office Drugs Branch officer, Mrs Susan Powrie, wrote to the GMC asking for the view taken on the case by its Penal Cases Committee. Until 1980, the Penal Cases Committee was the GMC committee that decided whether a case should be referred to the Disciplinary Committee for a public hearing. Mrs Powrie wrote:

'We are now giving consideration to the question of whether action should be taken under Section 12 of the Misuse of Drugs Act 1971 to remove Shipman's authorities to possess, supply, prescribe, administer, manufacture ... controlled drugs and we should be glad if in this connection you would let us know the view taken by the Penal Cases Committee.'

- 10.28 Mrs Powrie's memorandum confirms that, at that stage, she was not excluding the possibility of a section 12 direction being made. It also confirms the evidence of Sir Geoffrey that the approach taken by the Home Office would have been influenced by the attitude of the GMC.
- 10.29 On 19th March, Mr Eggleston noted in the file that Shipman either had not taken the NCB post or had been discharged from it and was thought to be working at a health clinic somewhere in the North East of England.
- 10.30 On 26th March, Mr Spear wrote to Dr Jim Smith at the DHSS seeking the Department's advice on the section 12 issue. He wrote:

'We are now faced with the problem of whether or not to advise the Secretary of State to issue a direction under Section 12 of the Misuse of Drugs Act and should be grateful for your advice on this aspect. We understand that Dr Shipman did receive treatment in the Retreat, York, under Dr Bryson and he was in fact, notified as an addict. We are not certain of his exact whereabouts but have heard he is working at a health clinic somewhere in the north east of England but have no address for him other than that quoted above.'

No reply to this letter has been found. The Department of Health (DoH) has been unable to shed any light on whether its predecessor, the DHSS, ever responded to it. However, the fact that it was written suggests that the usual practice was followed in Shipman's case.

- 10.31 On 21st April, Hempsons, the solicitors acting for Shipman, wrote to the GMC to make representations to the Penal Cases Committee, which was shortly to consider his case.

They enclosed the medical reports obtained for the purpose of the criminal proceedings. Their letter expanded upon what was said to be the background to Shipman's drug abuse. It was said that Shipman had first taken pethidine following a back strain in 1974. This was the first time that this had been suggested on his behalf. It was almost certainly untrue but it was also no doubt the kind of thing that many doctors in a similar predicament used to say and still say now. On 23rd April, Dr Michael O'Brien, the Area Medical Officer of the Durham Area Health Authority (AHA), wrote to the GMC confirming that Shipman's current employer (Durham AHA) knew of his behaviour and that he seemed to be doing well in his new post. On 27th April, Hempsons wrote to the GMC again, enclosing a further letter from Dr Milne. This suggested that it would be **'catastrophic'** were Shipman not to be allowed to continue in practice.

- 10.32 On 28th April, the Penal Cases Committee decided not to refer Shipman's case to the Disciplinary Committee but to close the case with a warning against any repetition of his conduct. By letter dated 3rd May, this decision was conveyed to the Home Office. The letter said that:

'... in all the circumstances, and particularly in the light of a number of reports received on the practitioner's condition ... it would now be sufficient to conclude the case'.

I shall deal with this decision in greater detail in the Fifth Report when I consider the role of the GMC. The GMC did not enclose the medical reports and letters it had taken into consideration. It was not usual practice for it to do so. As a result, the Home Office did not have access to these materials, which were in any event favourable to Shipman.

- 10.33 It appears that a few weeks then elapsed before any further step was taken. It may be that the Home Office was waiting for a reply to its request for an opinion from the DHSS; as I have said, no response from the DHSS was found in the Home Office file and it may be that none was sent. Another possibility is that the Home Office delayed its decision on Shipman because a change in policy on section 12 directions was imminent.

A Change in the Policy Governing the Making of Section 12 Directions

- 10.34 In Chapter Four, I explained that, until 1976, section 12 directions were made in cases in which a doctor had obtained controlled drugs solely for his own use. In 1976, there was a change of policy and directions were no longer made in such cases. Directions were made only in cases in which the doctor's activities were thought to have created a risk to the public. This risk was usually evidenced by the fact that the doctor had wrongfully supplied drugs to others. Under the new policy, the thinking was that, if a doctor had obtained drugs for his/her own use, his/her conduct did not create a risk to the public and there was no need for a direction. Sir Geoffrey had no recollection of this change of policy and, unfortunately, the Home Office has not been able to shed any light on why or how it happened. Nor has the DoH been able to assist.
- 10.35 This change of policy would have made good sense for the Home Office (whose primary interest in relation to controlled drugs was to prevent leakage onto the illicit market) if the GMC had been in a position to protect patients by restricting the prescribing rights of a

doctor, either on account of a drug-related conviction or for serious professional misconduct related in some way to the abuse of controlled drugs. However, in 1976, the GMC had no such power and the change of policy by the Home Office at that time left a *lacuna* in the power of the authorities to protect patients from a drug-abusing doctor who was not suspended or struck off.

The Decision in Shipman's Case

10.36 It appears that Shipman was an early (possibly the first) beneficiary of this new policy. An entry in Shipman's HODI file, made by Mrs Powrie on 1st July, states:

'In view of the recent policy decision that the S of S is not empowered to make directions purely for a doctor's own protection, and of the GMC's decision, there is no action for us to take...? no action at present.'

10.37 Sir Geoffrey explained that a more accurate statement of the position would have been to say that the Home Secretary remained empowered to make a direction but that these were not circumstances in which it would be normal to do so. It seems likely that the policy decision was reached in May or June 1976. As I have already said, the reason behind it remains obscure. Sir Geoffrey speculated that it had been provoked by the difficulties thrown up by a particular case but he could offer no more assistance.

10.38 The entries in the file continue with a memorandum to Sir Geoffrey, dated 1st July 1976, signed by Mr Turner, setting out the arguments to be considered:

'Any considerations of the public interest in this case are extremely marginal; in the area of possible risk of harm to patients from a doctor who may be addicted to narcotic drugs. In doc 14 (DS McKeating's report of 4th March 1976) however, the police report that there was no evidence that Dr Shipman's patients suffered as a result of his irregularly obtaining pethidine, and the GMC have now taken the view that there are no grounds for stopping him practising as a doctor. In the circumstances ? agree, no further action.'

10.39 Sir Geoffrey saw the file on 1st July and approved the decision that no section 12 direction should be sought. In his oral evidence to the Inquiry, he agreed that, without the change of policy, it would have been 'perfectly on the cards' that a section 12 direction might be made against Shipman. I am unable to reach any firm conclusion as to whether, absent the change of policy, a direction would have been made in Shipman's case. Certainly, the GMC's letter did not suggest that one was necessary. It is not known what view the DHSS expressed, if any, although his treating doctors and his employers were sympathetic. It is quite possible that he would have been given a second chance. Even if he had not been given a second chance, it is equally possible, that, with the support of his employers and treating doctors, he would, by the time he came to apply for the vacant position at the Donneybrook practice, have been able successfully to apply for a lifting of the direction. In my view, there can be no criticism of Sir Geoffrey or the other Home Office officials who advised him. They were acting in accordance with what was plainly the new Home Office policy. I feel unable to comment on the wisdom of the new policy, as I do not know why it was introduced.

Conclusion

- 10.40 It is reassuring that Shipman's abnormal acquisition of pethidine was identified by a Home Office inspection of the records of a pharmaceutical wholesaler; it is also reassuring that a watch was kept on Shipman and that steps were taken to explain to Shipman and his partners their duties and responsibilities relating to controlled drugs. It is also reassuring that when, later in the year, it was realised that the abnormal usage was continuing, the facts were promptly reported to the police.
- 10.41 Someone unaware of the arrangements that exist for policing controlled drugs might, however, be surprised that the HODI inspectors did not act more decisively when they saw the state of the Abraham Ormerod Medical Centre's CDR in July 1975. Also, the Home Office inspectors appear to have accepted without question Shipman's claim that he did not know that he was supposed to keep a record of drugs leaving the practice's controlled drugs cabinet. However, Shipman might well have claimed that, in the short time he had been in practice, he had not had the CDR checked and that he (like many doctors) was not aware of the extent of his obligations concerning the maintenance of a register. The Home Office inspectors may have been understandably prepared to give him the benefit of the doubt, since he was a young doctor and they may have believed that their 'low level' intervention would be likely to lead to an improvement in his ways.
- 10.42 The responsibility of the Home Office for section 12 directions was and remains anomalous. Today, section 12 remains in force but the power has not been exercised for a decade. The primary focus of attention for the police and the HODI is the prevention of crime and the leakage of controlled drugs from the wholesaler, pharmacy or surgery to 'the street user'. They do not have the expertise to assess whether an individual doctor should be prevented from prescribing or possessing controlled drugs. It is not surprising therefore that, in the past, the Home Office relied so heavily on the advice of the DHSS in making decisions in respect of section 12. Nor is it surprising that the Home Office should have made a policy decision in 1976 that section 12 directions should be sought only where there was evidence of illicit supply to a third party and not for the doctor's own protection. It might have been better to postpone such a decision until 1980, when the GMC acquired the relevant powers.
- 10.43 Had a section 12 direction been made in 1976, I doubt that it would have had a significant impact on Shipman's subsequent career or criminality. It was usual for such a direction to be lifted within about two years, or sometimes less, provided that there were no further reports of misconduct. Whenever Shipman decided to return to general practice, it was open to him to apply for the lifting of the direction. With support from his employers and treating doctors he might well have secured the lifting of the direction in time to allow him to apply for the position at the Donneybrook practice in the summer of 1977. If not, he would certainly have found a position in general practice somewhere else, and I am sure he would have pursued a course of conduct similar to that which he followed in Hyde.
- 10.44 The events of 1976 demonstrate the need for proper and regular inspection of the records and security arrangements related to the keeping of controlled drugs in a general practitioner's surgery. They also demonstrate the need for the monitoring of wholesalers' and pharmacists' controlled drugs arrangements. Also needed is a system for ensuring

that, in appropriate cases, the right of a doctor to possess, supply, prescribe and administer controlled drugs can be restricted. According to Mr Alan Macfarlane, the present Chief Inspector of the HODI, the power under section 12 is in disuse (even in relation to doctors who unlawfully supply drugs to others) and is likely to be abandoned in the near future. It is thought that the GMC is better placed to exercise the necessary powers. Provided that the GMC carries out an adequate investigation of the past circumstances and the past and potential effects of the doctor's misuse of controlled drugs upon patient safety and welfare and provided it ensures that the interests of patients are given due weight in the decision-making process, I recognise the force of that argument.