FOREWORD

In the First Report of the Shipman Inquiry, I described how, over a period of more than 20 years, Shipman acquired large quantities of diamorphine which he used to kill over 200 patients. It was clear that the arrangements that had been in force during that time for the regulation of controlled drugs had not been adequate either to prevent those acquisitions or to detect them once they had occurred. The Inquiry's Terms of Reference required me to examine the actions of those involved in the operation of these arrangements and to recommend changes that would lead to the better protection of patients in future.

The focus of investigation was to find out how the systems of regulation worked in practice and to see how and why Shipman had been able to escape detection for so long. My main objective was to devise systems that would deter or detect the activities of any other dishonest healthcare professional who might seek to obtain controlled drugs for his/her own improper purposes or to allow supplies of controlled drugs to be diverted to the illicit drugs market. To these ends, I have made a number of recommendations to strengthen the statutory requirements and to improve the systems of inspection and monitoring. Other recommendations range more widely and seek to promote the safety and welfare of patients for whom controlled drugs are prescribed. I have, at all times, recognised that there are other important public interest objectives to be borne in mind besides the prevention and detection of misconduct. The primary function of the healthcare system is to provide care to patients. Doctors who wish to prescribe controlled drugs for the genuine needs of patients must not be unduly hindered from doing so. Pharmacists must not be over-burdened with administrative requirements when dispensing controlled drugs. District nurses visiting patients should not have to spend more time on administrative tasks than is necessary. Plainly, it is important to prevent the abuse of controlled drugs but measures taken to achieve that end should not adversely affect the provision of health care. The balancing of these different objectives must, in the end, be a matter for Parliament but I hope that this Report will provide a basis for a full and well-informed discussion of the issues.

Before making my recommendations, I considered a great deal of evidence, and have received the views of a large number of people. I am grateful to the many witnesses who provided statements and to those who attended to give oral evidence. The distribution to interested bodies, and the publication on the Inquiry's website, of the Discussion Paper 'The Use and Monitoring of Controlled Drugs in the Community' produced many valuable contributions. The Inquiry held seminars on three days in January 2004 and I would like to thank all those who participated for bringing such a constructive approach to the discussion of the issues. I particularly wish to express my gratitude to Dr Brian Taylor, Deputy Registrar, College of Physicians and Surgeons of British Columbia, and to Dr Michael Mawhinney, Misuse of Drugs Inspector, Department of Health, Social Services and Public Safety, Northern Ireland, who gave presentations explaining aspects of the systems in operation in those provinces.

I also wish to thank the Inquiry team for their generous support during this Stage of the Inquiry. Their dedication to the analysis of the wide range of material assembled has made the production of this Report possible. I must particularly mention Christopher Melton QC, Senior Counsel to the Inquiry, who conducted all the hearings and acted as moderator at the seminars. He was assisted by Anthony Mazzag and Martin Beckett. I particularly appreciated their work in checking the factual accuracy of the draft Report. I am, as ever, grateful to Dr Aneez Esmail for advice on myriad

medical issues. The administrative team, led by Henry Palin, has provided faultless support during a period of intense activity.

In the Foreword to my Third Report, I expressed the hope that some good might come from the tragic events which gave rise to the need for this Inquiry. In presenting my Fourth Report, I express my further hope that the work of the Inquiry will lead to changes in the regulation of controlled drugs that will enhance both the safety of patients who may in the future need to use controlled drugs and that of the wider public.