

CHAPTER FIFTEEN

The Doctors Who Signed Cremation Forms C for Shipman's Patients

Introduction

15.1 Many of the patients whom Shipman killed were cremated. Two hundred and ninety two cremation forms for deceased patients of his were obtained by the Inquiry, some dating back to the period when he was in practice in Todmorden. I have explained the role and duties of the Form C doctor in Chapter Eleven. In this Chapter, I shall consider the role of the doctors who signed Forms C for Shipman's patients.

Todmorden

15.2 While working in Todmorden, Shipman mainly used one doctor, Dr Stella Brown, to sign his Forms C. Dr Brown was a former partner in the practice that Shipman had joined. She signed nine of the ten certificates that survive from his time there. It is perhaps noteworthy that she usually, but not always, made some enquiry of one or more of the persons mentioned in questions 5–8 on Form C. The doctor who signed the remaining Form C made a similar enquiry. This would tend to suggest that it was custom and practice in Todmorden to make such enquiries. The form itself, unlike Forms C issued by some crematoria, contained no requirement that such enquiries be made.

Hyde

The Clarendon House Doctors

15.3 Shipman worked at the Donneybrook Practice between October 1977 and August 1992. During that period, he used the doctors from the two neighbouring Clarendon House practices to complete his Forms C. There were about 12 doctors involved and the numbers of forms completed by each doctor during this period were relatively few. During this time (with the exception of Dr Peter Bennett in one case, which I will mention), none of the doctors noticed anything unusual about Shipman's Forms B.

The Brooke Practice Doctors

15.4 After moving to the Market Street Surgery in August 1992, Shipman continued briefly to use the doctors from both Clarendon House practices. When the doctors from one of those practices moved, in August 1993, and set up the Brooke Practice, Shipman asked those doctors to complete his Forms C. The doctors who remained at the other Clarendon House practice ceased to complete forms for him.

15.5 It was during this later period, and particularly from 1995 onwards, that the number of deaths among Shipman's patients increased significantly, as did the number of his requests for Form C to be completed. The five Brooke Practice doctors, Dr Peter Bennett (who left in 1996 and was replaced by Dr Linda Reynolds), Dr Alastair MacGillivray, Dr Susan Booth, Dr Jeremy Dirckze and Dr Rajesh Patel, operated an informal rota, with

the Forms C being shared between them on a roughly equal basis. Each doctor would, therefore, know that s/he was completing only about one in five of Shipman's Forms C.

- 15.6 The Brooke Practice doctors did not seem to notice that Shipman appeared willing to certify deaths that had occurred quite suddenly, in circumstances in which most doctors would have thought it necessary to report the death to the coroner. Nor did they notice that deaths often appeared to occur very shortly after Shipman had visited or that a large number of his patients seemed to die alone. Only Dr Patel seems to have noticed that Shipman had been present at more deaths than might have been expected. He mentioned his observation to Shipman, who rebuked him, as I shall describe later.
- 15.7 A few months after Dr Linda Reynolds joined the Brooke Practice, on 1st September 1996, she began to notice that she was being asked to sign cremation Forms C rather more often than had been the case at her former practice. She also noticed that Shipman had on several occasions been present at the death of the patient in question. She thought that this was odd because, in her experience, the presence of a general practitioner at the death of a patient was very unusual. She mentioned this to her partners towards the end of 1997, but they advised her that Shipman had a lot of elderly patients and was well known as a doctor who would visit his patients unannounced when he was concerned about their condition. His presence at the deaths of his patients would not be surprising to them, for these reasons.
- 15.8 In February 1998, Mrs Deborah Bambroffe, a funeral director, mentioned to Dr Booth that she was concerned about the deaths of Shipman's patients. Mrs Bambroffe said that she had noticed the high number of deaths among Shipman's patients, and that a lot of those patients were elderly women who had died at home, often apparently alone; they were found sitting up in a chair, dressed in day clothes and showing no sign of previous illness. She had also noticed that Shipman seemed to have been present either at or shortly after the deaths of many of them.
- 15.9 By late March 1998, the Brooke Practice doctors had decided to act. Some of them, but especially Dr Reynolds, were very concerned by the number of deaths among Shipman's patients and the unusual features reported by Mrs Bambroffe. On 24th March, acting on behalf of the Brooke Practice, Dr Reynolds reported their concerns to Mr John Pollard, HM Coroner for Greater Manchester South. A police investigation ensued and that investigation is the subject of my Second Report. Unfortunately, it failed to detect Shipman's criminal activities and it was closed on 17th April. Shipman continued to practise and killed three more patients before his arrest in September that year, on suspicion of the murder of Mrs Kathleen Grundy. As is now well known, he was later convicted of the murder of 15 patients and the Inquiry has found that he killed at least 200 more over a period of 24 years.

Assessing the Performance of the Hyde Doctors

- 15.10 It has been and remains a matter of public concern that the systems of death and cremation certification failed to deter Shipman or to detect his crimes. In the earlier Chapters of this Report I have described some of the shortcomings of the systems, as

operated throughout the country over many years. In my First Report, I explained that Shipman frequently gave dishonest and sometimes implausible accounts in cremation Forms B which he completed for patients he had killed. In this Chapter, I shall consider whether those doctors who undertook the duty of completing most of Shipman's Forms C ought to have noticed that something was amiss and done something about it. They might have done so for a number of reasons: because of the numbers of forms they were being asked to sign, because of the presence of unusual, possibly recurring, features of the deaths or because, in any given case or cases, Shipman's assertions on Form B were internally inconsistent, inherently implausible or suggested that the death should have been reported to the coroner.

- 15.11 There is no doubt that, with one or two exceptions to which I will refer, the doctors who signed Shipman's Forms C did not over many years notice any of these features. I shall consider whether, if they had undertaken their duties more carefully, they would have noticed them. I shall also consider whether they should be criticised for their failure to notice them.
- 15.12 During Stage Two, oral evidence was given by the ten doctors who signed most of the Forms C for Shipman. In this Chapter, I shall call them 'the Hyde doctors'.

Forms B

- 15.13 In the case of each of the Hyde doctors, the Inquiry examined the frequency with which and the usual circumstances in which s/he completed a Form B for one of his/her own patients and the standard to which s/he completed the forms. I formed the view that the Hyde doctors were all conscientious when completing Forms B. Typical cases in which they certified the cause of death and completed Forms B were very similar. The death was expected, the patient had been ill in bed and died either in a nursing or elderly persons' home or at home with family or carers in attendance. Those are just the circumstances in which one would expect a doctor to be in a position to certify the cause of death and complete and sign a Form B. He or she would be able to combine his/her direct knowledge of the medical condition of the patient with the carers' or family's account of the circumstances of death, in order to furnish the information required.
- 15.14 Such circumstances are very different from those of many deaths for which Shipman completed Forms B. Although he would often falsely suggest that the death was expected or that a relation or friend was present at the moment of death, Shipman would also frequently complete a Form B for the death of a patient who had died suddenly and apparently alone. Shipman would often admit that he had been present at the death; the other doctors were present at the deaths of their patients only on very rare occasions. He would often admit a visit on the day of the death, sometimes just an hour or so before the death. This might be understandable if it happened, from time to time, in the case of a chronically ill patient whom he was visiting frequently and for whom hospital admission would be of no value. It would not be readily understandable otherwise, especially if no one was available to care for the patient at home. In other cases, Shipman apparently had to estimate the time of death of the deceased, no one having been present around the time of death to provide him with that information.

Training and General Attitude towards Forms C

15.15 The Inquiry sought to discover from each Hyde doctor the extent of any education or training s/he had received in the completion of cremation forms and his/her perception of the role of the Form C doctor. Most said that they had received no training or guidance of any kind and it was apparent that most of them had not, until recently at least, ever properly applied their minds to the purpose of the Form C procedure. Most did not perceive that part of the purpose was to provide an independent check on the Form B doctor. To the extent that they did appreciate this, they did not regard the chance of wrongdoing by the doctor as anything other than theoretical. To the extent that they were checking on the Form B doctor, it was, they believed, only to ensure that s/he had not made a *bona fide* error of judgement in diagnosing the cause of death. Enquiries made by the Inquiry have revealed that this attitude amongst the Hyde doctors was also prevalent among doctors from other areas. Some of the Hyde doctors said that they regarded the Form C procedure as a pure formality with no real purpose. It was just 'form-filling'. This attitude goes a long way to explain why those doctors did not feel it necessary to approach the task in a more critical and analytical way. As I have already explained in Chapter Eleven, I am sure that this attitude was far from unique to Hyde.

The Practice when Signing Forms C for Shipman's Patients

15.16 Although the Hyde doctors signed Forms C for doctors other than Shipman in the early years, those who moved to the Brooke Practice rarely, if ever, did so after the move. The opportunities for comparison with the practice of other doctors was, therefore, limited. This set Dr Reynolds' experience of completing Forms C apart from that of her colleagues at the Brooke Practice.

15.17 All described a similar process, which they followed when completing Forms C for Shipman. Usually, Shipman would visit the Form C doctor in his/her surgery and would give a very full oral account of the deceased person's medical history and the events leading up to the death. Sometimes, Shipman would have the medical records with him but not as a rule. In any event, even if he had them, he never offered to show them to the Form C doctor and the Form C doctor did not ask to see them. Sometimes, Shipman would take the completed Form B with him and hand it to the Form C doctor. Quite often, Shipman left the completed Form B and the blank Form C at the premises of the funeral director. In that situation, the Form C doctor would not be in a position to read what Shipman had put on Form B until s/he went to see the body, some time after his/her conversation with Shipman. Even if Shipman handed the Form B directly to the Form C doctor, the latter would not usually read it before or during the conversation. Shipman would give far more detail orally than he had written on the Form B. Some time after this meeting, not necessarily on the same day, the Form C doctor would attend the premises of the funeral director, examine the deceased's body, look at the Form B (if s/he had not already done so) and complete and sign Form C. In the overwhelming majority of cases, no enquiries would be made of the deceased's family, carers or other persons.

15.18 The Form C doctor would regard the oral account, rather than the written account on Form B, as the definitive account. Shipman was well respected by his professional colleagues

in Hyde, who trusted his word. Shipman appears to have been a plausible historian who always gave a very full and persuasive account of events. He would rely upon his reputation as a caring, old-fashioned doctor, who knew what was best for his patients and who believed firmly in their right to choose to remain at home rather than be admitted to hospital. He might allude to conversations that he had had with the coroner or coroner's office about how his preparedness to certify the cause of some deaths had been approved. I have no doubt that, on every occasion when Shipman had killed a patient who was cremated, he delivered his account of the patient's medical history and the circumstances of death in a forceful and convincing way.

- 15.19 Moreover, I believe that, because the Hyde doctors themselves would not certify the cause of any death or sign a Form B unless satisfied that they knew the cause of death, they always proceeded on the assumption that Shipman operated in the same way; because he was prepared to sign a Form B, the death in question was a 'natural' death of which he knew the cause. In this respect, the approach of the Hyde doctors is not unusual; indeed, I think it is probably almost universal. I have already said that the system of death certification has always relied on the integrity of a single doctor. Although, for cremations, the existence of the Form C doctor is supposed to introduce an additional and independent check (for which the Form C doctor should not merely accept the Form B doctor's word), it is clear that, for decades, Form C doctors have done little more than endorse the Form B doctor's view. That is one of the reasons why the Brodrick Committee recommended the abolition of the Form C procedure.
- 15.20 In these circumstances, it is easy to understand how, when Shipman gave them a false, but reasonably plausible, oral account of the death, the Hyde doctors readily accepted it and were prepared to complete Form C. However, in my view, they were nevertheless under a duty to read Form B carefully and to ensure that it was consistent with the account they had been given orally. It appears to me that some of the Hyde doctors cannot have undertaken this task as carefully as they ought. Some of them admitted that they had not done so. Others thought that they had read Form B carefully but could not explain how it was that they had failed in some cases to observe some strikingly unusual feature or inconsistency.
- 15.21 Form C requires that the doctor should state that s/he has seen and carefully examined the body. It follows that that should be done. In good conditions, a thorough examination of the body can be very useful in detecting signs of violence or neglect. As part of the independent investigation of the death and a check on the Form B doctor, it may have a useful role to play. Some of the Hyde doctors regarded the examination of the body as a mere formality. I think most of them carried this out in a cursory way. They considered, perhaps not unreasonably, that a thorough examination was unlikely to reveal very much to confirm or refute the cause of death. Provided that they saw nothing inconsistent with the cause of death, as stated on Form B, they were content. However, I do not criticise them personally for that. I consider that, in this respect, the Hyde doctors were no worse than countless of their colleagues elsewhere in the country. Moreover, even the most thorough examination of the body of a patient whom Shipman had killed would have revealed no cause for suspicion. The doctor might have noticed an injection mark on the hand or at the elbow, but that would not be unusual and would almost always be capable

of innocent explanation. If asked about it, Shipman would have been able to give a plausible explanation; indeed, on occasions when he knew that the lethal injection had left a mark he would pre-empt any questions by proffering an explanation to the family. For example, he did this just after he had killed Mrs Vera Whittingslow on 24th June 1997. I have little doubt that he would have given a similar explanation to the Form C doctor, had the issue arisen. He might well also have made a record to support it, had it been the practice for the Form C doctor to examine the medical notes.

- 15.22 The Form C issued by the Dukinfield crematorium (in contrast to that issued by some other crematoria) does not require that the doctor should answer any of questions 5–8 in the affirmative. The form contains a marginal note requiring affirmative answers to questions 1, 2 and 4. In effect, it was sufficient for the Form C doctor to discuss the death with the Form B doctor and examine the body. As a result, with just three exceptions that I will mention in due course where the doctors spoke to nurses or carers, none of the Hyde doctors ever made any enquiry of family, carers or others who might have been in a position to confirm or refute the account of Shipman, as a Form B doctor. Given that they did not perceive that their role was to check on the Form B doctor, this is perhaps not surprising. On the occasions when they did, it seems quite possible that they did so as a result of a chance or unrelated meeting with those carers or nurses to whom they spoke. Moreover, as I have already explained, it happens only very rarely elsewhere in the country that a doctor makes any such enquiry unless Form C expressly requires him/her to do so.
- 15.23 In my judgement, the general approach of the Hyde doctors to their Form C role, like the approach of a large proportion of doctors practising elsewhere in the country, was not appropriate. The *raison d'être* of the Form C doctor is that s/he should seek to reach an independent opinion as to the cause of death. Doctors should not merely accept and endorse the view of the Form B doctor. They should carry out a careful examination of the body and they should not adopt the practice of never making enquiries of third parties. It might be argued with some force that this is apparent from the statements and questions in Form C and, in particular, questions 5–8. It might also be argued that a doctor who finds him/herself repeatedly in the position of giving the same negative responses to questions 5–8 should question whether his/her approach to the task in hand is correct. That such an approach was commonplace had long been recognised by the Home Office and others. Nevertheless, I observe that the profession as a whole was never instructed to change the approach that was commonly taken. It would not be fair to single the Hyde doctors out for criticism on account of their approach.

Form C Certification by the Individual Doctors

- 15.24 Having said that I will not criticise the Hyde doctors for their general approach to their Form C duties, I now turn to consider whether they should be criticised for their performance in connection with Forms C for Shipman's patients. I have to consider, in relation to each Hyde doctor, whether there were numbers or patterns of deaths or unusual, possibly recurrent, features of the deaths that should have been noticed and acted upon by him/her. I shall also consider whether, by checking carefully what Shipman had written on Form B, the Hyde doctors should have noticed unusual features or inconsistencies

between what Shipman had written and what he had told them. I shall also consider whether they should have noticed other circumstances that would or should have concerned them.

- 15.25 I remind myself that, in considering the way in which a Hyde doctor carried out his/her duties, it is only fair to bear in mind the dynamics of the relationship between that doctor and Shipman. I have said that Shipman was well respected by his colleagues. He was not well liked. Some of his colleagues found him prickly and arrogant; some, particularly the younger ones, found him intimidating. Some of the Hyde doctors said that they would have found it impossible to express any doubt about Shipman's opinion. I can understand that. It is asking a great deal of a young general practitioner to adopt a critical and analytical approach to the opinion of an older, respected and dominant colleague.
- 15.26 In deciding where criticism should fall, I apply the standard of the reasonably competent and conscientious general practitioner. In setting and applying that standard, I take into account all the relevant background considerations already described. This is not a straightforward exercise, not least because the position of the Hyde doctors, who had portrayed to them as natural such a large number of unexpected deaths, is clearly very unusual.
- 15.27 Finally, I will consider whether, if the Hyde doctors had performed their duties more carefully, Shipman might have been detected earlier.
- 15.28 In considering this last issue, I must bear in mind that, if a Form C doctor feels any concern about the opinion of the Form B doctor as to the cause of death or considers that the circumstances require a report to the coroner, his/her available courses of action are limited. He or she can decline to complete Form C and can suggest to the Form B doctor that it would be appropriate to report the death to the coroner. He or she would assume that the Form B doctor would accept that suggestion but would not check to ensure that s/he had done so. If a Hyde doctor had refused to sign one of Shipman's Forms C, there would have been nothing to prevent Shipman from taking the Form C to another doctor who might have less exacting standards. Alternatively, Shipman might well have gone away and returned later, saying that he had spoken to the coroner, who had approved the cause of death. It would then be very difficult for the Form C doctor to do anything other than to complete and sign the form. Only if the Form C doctor became positively suspicious of the Form B doctor (as opposed to thinking that s/he ought not to certify in the individual case) would s/he think of taking matters into his/her own hands by making a personal report to the coroner or the police.
- 15.29 Throughout my analysis of the work of the individual doctors, it should be assumed (unless I say to the contrary) that each doctor had had no training in the purpose or completion of cremation forms and that his/her experience of completing Forms B for his/her own patients was as I have described above. It should also be assumed that his/her experience of completing a Form C for Shipman was as I have described at paragraphs 15.17 and 15.18.
- 15.30 I shall consider the Hyde doctors in alphabetical order.

Dr Norman Beenstock

- 15.31 Dr Norman Beenstock was registered as a medical practitioner in 1956. He commenced work in general practice in about 1961 and in 1968 was appointed a principal at one of the Clarendon House practices, where he remained until his retirement in 1993.
- 15.32 Between 1980 and 1993, Dr Beenstock signed 18 Forms C for Shipman; that is one or two per year. There were no clusters of deaths. He could not have been expected to notice an excess of deaths and, in fact, only six of the deaths were unlawful killings. These occurred between 1983 and 1989. Shipman admitted that he was present at two. On both occasions, Shipman claimed that another person had also been present. Although Shipman's presence should have been regarded as unusual, I have no doubt that Shipman would have given a plausible explanation and, since the two deaths in question were about three years apart, I would not expect Dr Beenstock to notice or be concerned by this feature. I also note that Dr Beenstock's own practice was to do some 'chronic visiting' of patients who were unwell or infirm, but not to such a degree as to require them to live in a nursing or elderly persons' home.
- 15.33 In relation to the other unlawful killings, Shipman said that he had visited each patient within a few hours before the death. I observe that no such deaths followed immediately upon a similar one and the time periods between each were considerable. There is no reason why Dr Beenstock should have noticed any unusual pattern of conduct.
- 15.34 Mr Percy Ward was 90 years old, very ill and receiving nursing care from the district nurse in the period leading up to his death in 1983. Shipman was called out to see him because of a worsening in his condition. The mode of death was said to be coma and death was said to have occurred in the presence of his wife and daughter. These features would have been typical of the normal case in which a doctor might be expected to call often in the period leading up to death and in which it would be quite natural for him to have left the patient at home, because hospital admission would serve no useful purpose.
- 15.35 On the Form B for Mrs Deborah Middleton, whom Shipman killed in January 1986, Shipman gave various timings, which are internally inconsistent and confusing. Dr Beenstock said that he must have noticed these and probably believed that Shipman had made a mistake or was himself confused about the times. He had not thought that there was any cause for suspicion and noted that Mrs Middleton's granddaughter was present at the death. He had had the impression that the death was expected. I am not sure that Dr Beenstock did notice the inconsistent timings. If he did, he should, strictly speaking, have had them corrected. But, if he noticed them at a time when he was not with Shipman, I can understand why he did not trouble to do so. They would not of themselves have seemed suspicious. I do not criticise Dr Beenstock for failing to ensure that they were corrected.
- 15.36 Dr Beenstock also failed to notice a mistake in a date on the Form B for Mrs May Hurd, whose death was not an unlawful killing. The error, if noticed, would not have aroused suspicion.
- 15.37 Except for a brief period at the beginning of his career, Dr Beenstock never made any enquiries of persons other than the Form B doctor. On the occasions when he had done so,

he told the Inquiry that he had found the process 'unrewarding in every way'. I note that, if Dr Beenstock had spoken to Mrs Middleton's granddaughter, he would have found out that she had not been present at the death and was most surprised by the death. If Shipman had told that lie and been discovered, Dr Beenstock would have been most disturbed. If Shipman had not been able to tell that lie (because he knew that the Form C doctor was likely to question the granddaughter) and had said that Mrs Middleton died alone, Dr Beenstock would have been more likely to suggest a referral to the coroner. I say this, not as a criticism of Dr Beenstock, but to demonstrate the importance of cross-checking the certifying doctor's story with someone independent of him/her, such as a relative.

- 15.38 There is no other case on which I need to pass comment. Although Dr Beenstock's practice as a Form C doctor did not fulfil the intention of the legislation, he performed his duties in much the same way as many other doctors did and still do. I do not criticise him.

Dr Graham Bennett

- 15.39 Dr Graham Bennett was registered as a medical practitioner in 1954. In 1965, he and two partners set up practice in Clarendon House, Hyde, where he remained until his retirement in 1989.
- 15.40 Between 1981 and 1989, Dr Bennett completed 14 Forms C for Shipman, of which four were unlawful killings. Five of the 14 deaths occurred in 1985, but three of them were natural deaths and the Forms B for the other two give no cause for concern or suspicion, even with the benefit of hindsight. Otherwise the deaths were well spread in time. I do not think Dr Bennett could have been expected to notice any excess of deaths.
- 15.41 Of the four unlawful killings, Shipman admitted that he was present at only one death, which occurred in 1986. He suggested that others were also present and the account on Form B was not such as to arouse concern. In relation to the other three unlawful killings, Shipman said he had visited each patient on the day of death. In the cases of Mrs Selina Mackenzie, Mr Albert Cheetham and Mrs Elsie Harrop, the facts suggested by Form B, which Shipman would no doubt have elaborated upon, are consistent with the picture of an ailing patient who was either being supported at home or receiving follow-up visits from Shipman. Some Forms B had omissions or internal inconsistencies. However, none of these was of any great significance and Dr Bennett should not be criticised in respect of his failure to ensure that they were corrected. In two cases, Shipman had purported to estimate the time of death by reference to the temperature of the body. As I have said in my First Report, he was unable to do this but I accept that he created the impression that he knew how to do it and that some of his colleagues believed that he had had some forensic training. In any event, even if a fellow general practitioner doubted Shipman's ability to make such an estimate, I do not think s/he would have regarded it as more than a harmless boast.
- 15.42 Dr Graham Bennett is not to be criticised.

Dr Peter Bennett

- 15.43 Dr Peter Bennett was registered as a medical practitioner in 1966. In 1972, he was appointed a principal at one of the Clarendon House practices. In 1993, he moved with his partners to the Brooke Practice, where he remained until his retirement in 1996.

- 15.44 Between 1981 and 1996, Dr Bennett signed 33 Forms C for Shipman. Fifteen of those were unlawful killings. Although the annual rate increased slightly during the 1990s, the increase was not such that I would expect Dr Bennett to have noticed it.
- 15.45 Shipman admitted his presence at six deaths, although at only one did he admit to being alone with the patient. Two of these deaths occurred within a year of each other. Mr Fred Kellett died in December 1985 and Mrs Mary Tomlin in October 1986. Both were said to have died as the result of a heart attack. In fact, Shipman killed them both. Shipman claimed that neighbours were present at Mr Kellett's death and a home help at Mrs Tomlin's. With the benefit of hindsight, it may appear that Dr Bennett should have noticed that Shipman had been present at two rather similar deaths within a fairly short time. However, he did not do so and I am not critical of him. The suggested presence of other persons at the deaths would have mitigated any potential concern that might have arisen, and, in each case, I am sure that Shipman would have explained how he had been called out in an emergency to treat a dying patient. However, I draw attention to these two cases as examples of the potential usefulness of an enquiry of an independent person. If Dr Bennett had tried to contact the neighbour who had supposedly been present at the death of Mr Kellett, he would have failed, as there was almost certainly no one else there besides Shipman. Similarly, if Dr Bennett had contacted either of Mrs Tomlin's home helps, he would have found that neither of them had been present at the death and that both were extremely surprised at the suddenness of the death. One of them, Mrs Dorothy Foley, would also probably have mentioned Shipman's bizarre behaviour around the time of the death, which has been described fully in my First Report.
- 15.46 Dr Bennett completed a Form C for Mr James Wood, who died in December 1986. Shipman certified the death as due to old age. Careful examination of Form B suggests circumstances not consistent with the gradual decline of a frail elderly person. Dr Bennett agreed that these features should have struck him as strange. However, as he said, Shipman would have emphasised the patient's frailty. He agreed that it appears that, after hearing Shipman's account, he did not read the Form B with great care. I do not single him out for criticism in this respect because, as I have already explained, I am quite sure that very many doctors rely almost exclusively on the oral account given by the Form B doctor.
- 15.47 On the Form B for Mr Walter Tingle, whom Shipman killed in November 1988, Shipman said that he and a warden were present at the death. Dr Bennett must have read this form carefully as he noticed that Shipman had misstated the date of death and Dr Bennett corrected it. He also said in evidence that he noticed that the death appeared to be very sudden. Shipman had written on Form B that Mr Tingle had died of a coronary thrombosis following a collapse shortly after Shipman's arrival. Dr Bennett said that he told Shipman that he could not sign Form C and that the case should be reported to the coroner, as it was a sudden death. Shipman was not pleased. However, he told Dr Bennett that he had already spoken to the coroner who had said that he could certify. Dr Bennett was then prepared to accept the situation and completed Form C. He said that he found Shipman's claim credible, as the coroner had sometimes allowed Dr Bennett himself to certify the cause of a sudden death. It is not possible to discover whether Shipman ever did speak to the coroner, or even to the coroner's officer, as no records were made at the coroner's office of that kind of discussion. However, this case illustrates the false sense of certainty

that a 'discussion with the coroner' can give to what is in fact a wholly unreliable cause of death. Dr Bennett said that he would have regarded acceptance of the cause of death by the coroner as 'the gold standard'. I am not critical of Dr Bennett for his conduct in respect of this death. Indeed, I note that Dr Bennett was the only Form C doctor who reported having ever suggested to Shipman that he would not sign a Form C. At this time, Dr Bennett was a senior general practitioner and was certainly not intimidated by Shipman.

- 15.48 I must consider the case of Miss Ethel Bennett, who died only a month after Mr Tingle. The Form B in her case should have rung alarm bells for Dr Bennett. On the first page, Shipman said that Miss Bennett had died of bronchopneumonia at about 4pm. He had last seen her alive about six hours before her death. Yet, on the next page, he also said that he had seen Miss Bennett himself at 1pm, that a neighbour had heard her moving about at 3pm and that her son had found her dead, seated in a chair, at 6.30pm. He said that she had been in a coma for **'hour only'**. She had not been nursed before death and no one had been present at the death. This account is riddled with inconsistency and implausibility. It is unusual to die of bronchopneumonia after less than about two days' serious illness. Death can be more sudden but such an event is rare and the diagnosis of bronchopneumonia after so sudden a deterioration would not be an obvious one; it would require confirmation by autopsy and histology. Dr Bennett said that he thought Shipman must have said something quite convincing and that he, Dr Bennett, cannot have read the form carefully enough. I have no doubt that Shipman did say something that sounded plausible. But, in my view, the information given in Form B was such that Dr Bennett should have refused to sign Form C, however persuasive Shipman might have been. I think that Dr Bennett failed in his duty as the Form C doctor in this case. This death should have gone to the coroner for autopsy. It may be that, having challenged Shipman only a month earlier, Dr Bennett was reluctant to take him on again.
- 15.49 There are three other cases worthy of mention, although I shall not criticise Dr Bennett in respect of them. On the Forms B for Mrs Eileen Robinson and Mrs Edith Scott, Shipman had entered coronary thrombosis as the sole cause of death. He did not suggest that either had been suffering from any underlying heart disease. Each had died alone and had been found some time later. On the face of each Form B, there was insufficient information for Shipman to have diagnosed the cause of death. However, I am quite sure that he would have provided a detailed history of heart disease, which I have no doubt Dr Bennett would have believed. I do not criticise him for failing to ensure that the supposed underlying disease was entered on Form B. In fact, Mrs Scott's medical records showed no sign of heart disease. Nor did Mrs Robinson's, although she did suffer from hypertension. In relation to the death of Mrs Elsie Lewis, who died in Charnley House elderly persons' home, Dr Bennett stated on Form C that he spoke to the staff at the home. Mrs Lewis was not killed by Shipman, who certified that the cause of her death was 'senility' and that her mode of death was coma lasting 24 hours. Although it is possible that Dr Bennett telephoned or called at the home with Mrs Lewis' case specifically in mind, it is equally possible that he had, by the time he signed Form C, already discussed her death with the staff when attending another patient at the home, enabling him to make the relevant entry on Form C that he later made. In any event, it was not his practice in his capacity as Form C doctor to discuss the circumstances of the patient with family, nurses, carers or others.

Dr Susan Booth (formerly Maclure)

- 15.50 Dr Susan Booth was registered as a medical practitioner in 1982. In 1985, she became a principal at one of the Clarendon House practices. In 1993, she and her partners moved to the Brooke Practice, where she remained until her retirement in 2000.
- 15.51 Between December 1987 and April 1998, Dr Booth signed 41 Forms C in relation to deaths of patients of Shipman. After four deaths in the period 1987–1989, Dr Booth then signed no forms until 1993. She signed seven in that year, three in 1994, seven in 1995, eight in 1996 and 1997 and four in the first four months of 1998. As she knew that the Forms C for Shipman were being shared equally among the Brooke Practice partners, she must have realised that Shipman had a large number of deaths in his practice. However, I think that she and her partners were not alarmed by this but thought that the explanation was that he had a lot of elderly patients on his list. It is now known that no fewer than 29 of the 41 patients for whom Dr Booth signed Forms C had been killed by Shipman.
- 15.52 In 12 of these 29 cases, Shipman stated on Form B that he had been present at the death. Three of those deaths occurred within four months of each other in 1993 and all three occurred at about the same time of the early afternoon. Shipman said he was alone with Mrs Amy Whitehead when she died of a myocardial infarction on 22nd March 1993. He said that he and a mobile warden were present when Mrs Nellie Mullen died from the same cause on 2nd May 1993. He said he was alone with Mrs Jose Richards when she died of left ventricular failure on 22nd July 1993. Dr Booth had not completed any other Forms C for Shipman during this period. Dr Booth had never been present at the death of any of her patients. Yet she says that she did not notice anything unusual about these deaths. In my view, she should have done. Even taking into account that she, like other doctors, would start from the assumption that all was in order, I consider that this cluster of deaths was such that, at any rate by the third one, she should have noticed their unusual features. I am not suggesting that she would immediately have thought that Shipman was doing anything wrong. However, I do think that these cases should have caused her to be more alert if similar cases or clusters of cases arose in the future. Dr Booth herself completed 20 Forms B in relation to her own patients between 1989 and 1994. She was present at none of those deaths.
- 15.53 Had Dr Booth noticed the cluster in the spring/summer of 1993, it would not have been long before she should have noticed that Shipman was present, apparently with members of the family, at another death, that of Mr Charles Brocklehurst, on 31st December 1993. Then, on two occasions within three months, in March and June 1995, Shipman was again present at deaths, again apparently in company with others. Given that, by that time, Dr Booth had never been present at the death of a patient in 13 years of practice, the fact that Shipman had been present at six in just over two years should, I think, have been noticed and mentioned to Dr Booth's partners, as an unusual feature. Dr Booth said that she did not notice these features. Of course, it is possible that she did not read the Forms B and that Shipman did not mention that he had been present at the deaths.
- 15.54 In June 1996, Dr Booth signed Form C for another death at which Shipman was present, that of Mrs Margaret Vickers. On Form B, Shipman stated that Mrs Vickers died of a stroke, after being in a coma for '**minutes**'. He said that he had attended upon her for 30 minutes

before her death. He and **'a neighbour'** were present at the death. When asked about this death at the Inquiry, Dr Booth agreed that it was most unusual for a patient to die so suddenly from a stroke. She agreed that, standing alone, Form B did not make sense. She could not imagine what Shipman could have told her in his oral account but agreed that, if he had given a convincing story (which I think he probably did), she cannot have correlated it to the entries on Form B and cannot have read Form B as carefully as she should. She maintained that, at the time, this death had not struck her as strange. She agreed that she had accepted the clinical history without having exercised any independent clinical judgement about the death. If Dr Booth had scrutinised Form B carefully, and if she had borne in mind that this was yet another death at which Shipman was present, I think she would not have felt able to sign Form C. Alternatively, she might have decided that she had to seek some independent corroboration of the circumstances. Had she done so, she would have learned that there had in fact been no neighbour present at the death.

- 15.55 There was another cluster of unusual deaths in 1997. In January, February and June, Dr Booth signed Forms C in respect of three further deaths at which Shipman admitted having been present. In relation to a fourth death, that of Mrs Eileen Crompton, he admitted presence **'immediately before death'** and seeing the body **'about two minutes after death'**, admissions which, taken together, are tantamount to an admission of presence at death. On 6th January 1997, Dr Booth signed Forms C in relation to the deaths of Mrs Crompton and Mr David Harrison, who had died on 2nd and 3rd January 1997, respectively. The circumstances of Mrs Crompton's death were most out of the ordinary. Enquiries of the staff at Charnley House residential home for the elderly, who were said to have been present at Mrs Crompton's death, would have revealed that Mrs Crompton had died immediately after having been given an injection by Shipman and that before giving the injection he had said that it was intended to 'kick-start' her heart and would either 'kill or cure' her. Dr Booth should have been alarmed to hear that and should have insisted on finding out what the drug was. Examination of the medical records would have shown that Shipman claimed to have given benzylpenicillin, which was not a drug which could be said to 'kill or cure' or to be capable of 'kick-starting' the heart. The fact that Mrs Crompton had died so quickly after its administration would have been remarkable and most worrying. Dr Booth could not then have signed Form C. There would have had to be an inquest.
- 15.56 Mrs Lizzie Adams died on the afternoon of 28th February 1997. Shipman certified that the cause of Mrs Adams' death was bronchopneumonia with no underlying cause. He said that he had attended her during her last illness for just half an hour. Form B says nothing about calling an ambulance to take her to hospital. Shipman said that the mode of death was syncope lasting **'minutes only'**. Mrs Adams had not been nursed during her last illness. Shipman and a **'neighbour'** were said to have been present at the death. This Form B does not make sense. It is hard to imagine what Shipman could have told Dr Booth to make her think the death was due to bronchopneumonia. She should have refused to sign the Form C in this case. Of course, Shipman might have said that he had already spoken to the coroner. Whilst I do not criticise Dr Booth for not speaking to **'the neighbour'**, who was supposed to have been present at the death, that was certainly one

of the options that was open to her if she had been in any way concerned about the frequency with which Shipman was present at the deaths in question. Had she done so, she would have heard a most astonishing account from Mr William Catlow, which would have been quite inconsistent with the notion that Mrs Adams had bronchopneumonia or that her death was in any way expected. Mrs Adams had done active housework on the day of her death.

- 15.57 Four months later, Mrs Whittingslow was to die, according to Form B, of a stroke which apparently came on during Shipman's presence at her home and killed her within 15 minutes. Although her husband was also said to have been present, the fact that this was effectively the fourth death in Shipman's presence in such a short time ought to have struck Dr Booth. I do consider that Dr Booth should have felt increasingly puzzled about the frequency with which Shipman was present at deaths. I do not think that she did feel any such puzzlement until concerns were raised by others in early 1998.
- 15.58 There are also other individual Forms C about which, in my view, Dr Booth might have felt concern. Mrs Marion Higham died in July 1996. On the Form B, Shipman certified the cause of death as **'natural causes'**. That is not an acceptable cause of death; it is not a cause of death at all, only an assertion that the death was natural. The registrar should not have accepted it, although she did so on the advice of the General Register Office (see Chapter Fourteen). Nor should Dr Booth have 'confirmed' natural causes as a cause of death on Form C. She should have asked Shipman to provide a proper cause of death and, if he could not do so, to report the case to the coroner. Dr Booth suggested that Shipman might have said that he had reported it to the coroner and that is possible. If he did, I can understand why Dr Booth would be prepared to sign Form C. However, Shipman did not record the fact that he had done so on cremation Form B.
- 15.59 In the case of Mrs Dorothy Andrew, who died in September 1996, the causes of death, renal failure, uraemia and old age, did not make good medical sense. Shipman stated on Form B that the coroner had approved the cause of death and Dr Booth said in oral evidence that Shipman would sometimes say that he had spoken to the coroner about a death. I can understand why Dr Booth let it pass, although she should have noticed the cause of death. Shipman might well have spoken to the coroner or at least to the coroner's officer. The death was reported to the coroner by the registrar and it seems highly likely – if not certain – that Shipman was contacted by the coroner's office (see, again, Chapter Fourteen). If he did speak to the coroner's officer, he must have pulled the wool over her eyes. Shipman had certainly killed Mrs Andrew.
- 15.60 In the other cases examined by the Inquiry, I am satisfied that Shipman gave a plausible explanation of the deaths and that Dr Booth should not be criticised for not noticing internal inconsistencies in the Forms B.
- 15.61 That Dr Booth signed the Forms C in respect of Mrs Vickers and Mrs Adams and that she failed to observe the frequency with which Shipman was present at the deaths in the three clusters to which I have referred, reflects that which she admitted in oral evidence, namely, that she invariably accepted the clinical history from Shipman without having exercised any independent clinical judgement about the death. Whilst it may be that many Form C doctors do accept without hesitation what they are told by their Form B colleagues, I am

afraid that I must criticise Dr Booth individually for her failure to observe the clusters of deaths from 1993 and for signing Forms C in respect of Mrs Vickers and Mrs Adams.

Dr Jeremy Dirckze

- 15.62 Dr Jeremy Dirckze was registered as a medical practitioner in 1983. In 1989, he became a partner in one of the Clarendon House practices, succeeding Dr Graham Bennett. He moved with his colleagues to form the Brooke Practice in 1993.
- 15.63 Between 1990 and 1998, Dr Dirckze signed 44 Forms C for Shipman. Of these 44 deaths, 25 were unlawful killings. In the years 1990 to 1994, Dr Dirckze signed only between one and three Forms C each year. However, in 1995, 1996 and 1997, he signed ten forms in each year and he signed five in the first half of 1998. Dr Dirckze said that he did not notice the increase. He said that, if he had perceived it subconsciously, he would have ascribed it to the fact that, since the Brooke Practice had been set up, the Forms C were being spread between fewer doctors than previously. That was so, but rationally considered, it could not account for the increase. First, the move to the Brooke Practice had occurred in 1993 and had not been followed by any increase in 1994. Second, the increase in 1995 was larger than could be explained by a halving of the number of doctors signing the forms.
- 15.64 Given that he knew that Shipman's Forms C were spread between the five Brooke Practice doctors, I think Dr Dirckze could reasonably have been expected to notice that Shipman had a large number of patient deaths. Dr Dirckze maintained that he did not notice the large number either in 1995 or in the ensuing years. He thought that he might have had a vague feeling that there was a discrepancy between the numbers of deaths in the respective practices but nothing more. He said that when the numbers were drawn to his attention by Dr Reynolds, he saw what he thought was the explanation. He thought Shipman had a lot of elderly patients and preferred to keep them at home rather than admit them to hospital. Also, he believed that Shipman was a 'hands on' doctor who, if called out, would take over the function of the ambulance service, for example by undertaking resuscitation procedures himself. It follows that, although I think Dr Dirckze should have noticed the increase in the number of Forms C he was signing for Shipman, I do not think, if he had, he would have realised that there was anything sinister about the numbers. I accept that he would have found what seemed to be a rational explanation.
- 15.65 Of the deaths for which Dr Dirckze signed Forms C, Shipman admitted his presence at only four deaths, spanning six years, and said that he was alone with the deceased at only one. That feature, although unusual, would not arouse suspicion when spread over a long period. The one case in which Shipman said that he had been alone with the deceased was that of Mrs Dora Ashton, who died in Shipman's surgery. Although Dr Dirckze recognised that a surgery death was unusual, one such death had occurred at the Brooke Practice, so a single surgery death would not have struck him as strange. Nor do I think that Dr Dirckze should have been expected to take particular note of the other deaths at which Shipman admitted he had been present; there were not many such deaths and Shipman claimed that other people had also been present.

- 15.66 The particular recurrent feature of the deaths for which Dr Dirckze signed Forms C was that Shipman frequently stated on the Forms B that he had been present shortly before the death had been discovered. In 1995, Shipman admitted that he visited, on the day of their deaths, no fewer than nine patients for whom Dr Dirckze signed Form C. Three of those deaths were natural; each patient was suffering from a terminal illness and visits on the day of death would not be unusual. During the following two and a half years, there were fewer cases in which Shipman admitted having attended on the day of death and again there was a proportion in which the death was natural and the recent attendance explained because of prolonged illness. In such cases the mode of death was most commonly said to have been coma of some hours' duration.
- 15.67 There were, however, also cases in which Shipman had apparently recently departed the home of a patient who had not suffered prolonged illness and who was to die a sudden death, apparently soon after his departure. In such cases, it appeared that Shipman had left the patient alone at home, in circumstances where most doctors would have made arrangements for admission to hospital. I would expect a doctor to regard that kind of situation as unusual and somewhat worrying. It is not the picture that appears from Dr Dirckze's Forms B; of 25 of his Forms B considered by the Inquiry, he had been present on the day of death of only three patients and all three died either in a nursing home or in the presence of a district nurse. It would appear from Shipman's Forms B that he had not provided appropriate treatment or made suitable arrangements for the patient. I accept that, in such cases, Shipman might have been able to tell a plausible tale. Perhaps the patient was being cared for, but not strictly speaking nursed, by a relative or neighbour. Perhaps the patient wanted to remain at home. Perhaps the patient, whom other doctors might have persuaded to go into a nursing home, could remain living at home because of the high level of care that Shipman was prepared to give. In particular, in the Forms B for Mrs Erla Copeland and Mrs Valerie Cuthbert, one can discern what might have formed the basis of such a tale. However, I must look to see whether clusters or patterns of such cases exist in order to assess whether Dr Dirckze should be criticised for having failed to observe them as unusual.
- 15.68 There were three unlawful killings where Form B recorded circumstances of this type in January and March 1995. I note that Shipman suggested (falsely) that Mrs Alice Kennedy was being nursed by her daughter and, since she lived in sheltered accommodation and had an alarm with which she could summon the warden, Dr Dirckze might reasonably have understood that, although she had died alone, Mrs Kennedy had not been 'abandoned' by Shipman. Similarly, although they were not said to have been present at the death, ambulance personnel were said to have provided information to inform Shipman's views as to the mode and duration of death of Mrs Vera Brocklehurst. Such extenuating circumstances were not suggested by the Form B relating to the death of Mr Joseph Shaw. However, I would accept that Dr Dirckze might reasonably not have been concerned by this cluster.
- 15.69 More such cases occurred in 1996. Between January and May, there were three cases in which the death apparently occurred shortly after a visit by Shipman. In each case, Shipman claimed on Form B that the patient was alone at the moment of death. In the case of Mrs Copeland, who died in January, Shipman certified on Form B that the cause of

death was **'natural causes'**. That is not an adequate cause of death. Dr Dirckze agreed that he ought not to have confirmed that as the cause of death on Form C, as he did. Shipman stated that he had seen Mrs Copeland about two hours before her death and had seen her body about ten minutes after death. He claimed that the mode of death had been **'syncope'** lasting **'seconds'**, that this was based in part on statements made by Mrs Copeland's neighbour and sister-in-law, that no one had nursed Mrs Copeland during her last illness and no one had been present at the moment of death. It is not possible to guess what Shipman had in mind as the 'last illness'. Form B gives no clue as to the cause of death. Dr Dirckze said that he must have equated 'natural causes' with 'old age'. That is possible, as Shipman stated on the MCCD and initially wrote on Form B that Mrs Copeland was 89 when she died; in fact she was 79. Dr Dirckze admitted that he would have been 'guided by Dr Shipman'. This demonstrates clearly that Dr Dirckze did not carry out an independent check, as he should have done. Dr Dirckze should not have signed Form C in this case. Mrs Jane Shelmerdine died in February and Mrs Cuthbert, whom I have already briefly mentioned, died in May. In Mrs Shelmerdine's case, Form B suggested that she suddenly collapsed two to three hours after Shipman's departure.

- 15.70 In December 1996 and February 1997, there were two further cases in which Shipman stated on Form B that the death had occurred soon after he had visited. In both cases, the deceased was alone at the death. In my view, by this time, Dr Dirckze should have observed the pattern of these unusual cases. Then, between May and September 1997, there were three more such cases. The first was that of Mrs Doris Earls, who was found dead on the sofa in the afternoon of 21st May. Shipman, who certified that the death was caused by a cerebrovascular accident due to hypertension, claimed on Form B that Mrs Earls had been suffering from hypertension for over two years. He claimed that he had seen her about three hours before her death. He did not explain on Form B what he then discovered which enabled him to certify that Mrs Earls had had a fatal stroke after his departure. If Mrs Earls was displaying symptoms of a stroke when he saw her, it would appear from Form B that Shipman must have left her without care; if she was not displaying any symptoms, it is hard to see how Shipman could have been sufficiently confident of the cause of death to enable him to certify it. It is possible that Shipman told Dr Dirckze that he had left Mrs Earls in the care of her husband. Dr Dirckze might well have accepted that. However, sudden death from a stroke is fairly rare and I would expect Dr Dirckze to have noticed that. Had he tried to speak to Mr Earls, he would have found that Mr Earls suffered from Alzheimer's disease and was usually cared for by his wife. Further enquiries would have revealed that Mrs Earls was fit and well only about two hours before her death was discovered.
- 15.71 The second of these three deaths, that of Mrs Nancy Jackson, occurred on 1st September 1997. Although Shipman said on Form B that Mrs Jackson was being nursed by her daughter, he also suggested that she had been seen by a neighbour in a coma one hour before her death and that no one had thereafter seen her. I can see that Shipman probably gave a plausible explanation for the fact that Mrs Jackson was alone at the moment of death. However, the third death in this group, that of Mrs Mavis Pickup, which occurred only three weeks later on 22nd September, should have caused Dr Dirckze real concern. According to Form B, Mrs Pickup died of a stroke at about 4pm and was found by a

neighbour some time later. Shipman claimed that he had treated Mrs Pickup for **'4–6 hours'** before her death but he did not say what underlying illness had caused her stroke. He stated that he had last seen her alive about four hours before her death. On Form B, he said nothing about what signs he had then observed which would have enabled him to diagnose a stroke as the cause of death. As with Mrs Earls, it is not clear whether Mrs Pickup was then showing signs of a stroke (in which case it is strange that Shipman left her alone without care) or whether she was not (in which case it is hard to see how Shipman could have diagnosed the cause of death with sufficient confidence). Even if Shipman told Dr Dirckze a plausible tale, as I accept he probably did, Dr Dirckze should have realised that this apparently sudden death from a stroke was remarkably similar to that of Mrs Earls.

- 15.72 Dr Dirckze said that it did not strike him that in these cases Shipman was not giving his patients appropriate care. He said that he felt slightly intimidated by Shipman, who was very dominant when he came across to the Brooke Practice Surgery with a Form C. Shipman was quite firm that his was the correct way of treating patients and I can easily understand why Dr Dirckze said that he would have found it very difficult to question his opinion. I think Dr Dirckze was in awe of Shipman. He told the Inquiry that he accorded 'ultimate credibility' to the account given by the Form B doctor. As I observed in Chapter Eleven, if the Form C procedure is to be effective, the doctor completing it must be independent of the Form B doctor. But s/he must also have sufficient confidence to criticise the actions and opinion of the Form B doctor where appropriate. It is clear that Dr Dirckze was unable to do this because he was in awe of Shipman.
- 15.73 The death of Miss Ada Warburton warrants special mention. Miss Warburton was killed by Shipman on 20th March 1998 and Dr Dirckze signed her Form C on Monday, 23rd March. The partners in the Brooke Practice had met to discuss their concerns just three or four days earlier. Form B, which is internally inconsistent in many respects, suggests that Shipman and a neighbour were present around the time of Miss Warburton's death. Miss Warburton was said to have died of a stroke for which Shipman had first treated her at about 12.30pm that day. When asked about the circumstances in which he came to sign this Form C, Dr Dirckze said that he would have been persuaded by Shipman of the truthfulness of the account given. He said that he also knew that the partners had agreed that steps be taken to ensure that enquiries would be made into Shipman's practice. As I have explained in the Second Report, I think that, in the late afternoon or early evening of that day, Dr Dirckze decided to extract from the practice records the comparative figures showing how many Forms C the partners had signed for Shipman in the previous months and how many MCCDs they had signed in the same period. I also think that Dr Dirckze specifically mentioned Miss Warburton's death to Dr Reynolds. Miss Warburton's name found its way into Dr Reynolds' *aide memoire* that was recovered after her death by her husband. In these circumstances, Dr Dirckze should not be criticised for signing Miss Warburton's Form C.
- 15.74 Dr Dirckze said that he never found it necessary to speak to anyone independent of the Form B doctor. However, I note that he did in fact speak to District Nurse Dorothy Clegg about the death of Mrs Annie Webb in 1991. Mrs Webb died as the result of pancreatic cancer and I decided that Shipman played no part in her death and authorised the Inquiry

team to close the case. District Nurse Clegg was not said to have been present at the death of Mrs Webb, although she had apparently seen her shortly before her death, when Mrs Webb was in a coma. Dr Dirckze seems to have spoken to District Nurse Clegg and Shipman together and it is likely that there was some discussion as to Mrs Webb's decline in the period leading up to her death. I think it unlikely that this meeting took place specifically with Mrs Webb's Form C in mind. It is far more likely that it was a chance meeting at which Mrs Webb's death was discussed.

- 15.75 Had Dr Dirckze made it his usual practice to speak to a relative or to the person that Shipman said had been present at the death, he would sometimes have found that Shipman's account was inaccurate or untrue. I do not criticise him individually for failing to adopt this practice, however, because it is a failure he shares in common with a very large number of doctors.
- 15.76 In summary, I am critical of Dr Dirckze in connection with the Form C that he signed relating to Mrs Copeland. I am also critical of his failure to observe the number of deaths for which he signed Forms C where the patient had died alone soon after a visit by Shipman. In my opinion, he should have observed this by about early 1997 and should have been more seriously concerned after the death of Mrs Pickup in September 1997. Had he been, he might well have reacted more positively when Dr Reynolds mentioned her concerns to her partners in the autumn of 1997 and when Dr Booth communicated Mrs Bambroffe's concerns in February 1998.

Dr Stephen Farrar

- 15.77 Dr Stephen Farrar was registered as a medical practitioner in 1971. In 1973, he became a principal in one of the Clarendon House practices, where he remained until 1991. Since 1993, he has worked as a local general practitioner, as a partner in a practice in Openshaw, Manchester and as the director of a deputising service.
- 15.78 Between 1981 and 1991, Dr Farrar signed 23 Forms C for Shipman. These were equally spread over the years and there was no time when Dr Farrar should have noticed that the number of deaths among Shipman's patients was high or increasing. Nine were unlawful killings. According to the information on Forms B, from 1984, Shipman was present at no fewer than seven deaths. In four cases, Shipman said he was alone with the patient at the time of death. As I have said, the presence of a general practitioner at a death is unusual; for the doctor to be alone with the patient is very unusual indeed.
- 15.79 Dr Farrar signed Form C in six cases between July 1981 and November 1983. Shipman did not say that he was present at any of these; nor was any an unlawful killing. There were two cases in which he stated on Form B that he had visited on the day of death but both patients were receiving nursing care for chronic or terminal illness and the mode of death was prolonged, lasting 12 or 24 hours. Thus, in each case, the profile of the patient was such as to make it readily understandable that the general practitioner should visit and yet not arrange hospital admission, despite the fact that the patient was to die a few hours later.
- 15.80 Mrs Gladys Roberts died on 8th February 1984. She was the first patient in relation to whose death Shipman admitted, on Form B, that he had been present at the death.

Shipman said that Mrs Roberts had died of a pulmonary embolus due to a deep vein thrombosis (DVT). He claimed that he had seen her 12 hours before death, but that would seem unlikely as the death occurred at 4pm; Shipman is unlikely to have seen the patient at 4am. Shipman went on to state that, in the afternoon when she died, he had also seen her 10 to 15 minutes before her death, had diagnosed her condition and had gone away to call an ambulance and arrange hospital admission. When he returned within ten minutes, she had died. He said he was present at the death. There are internal inconsistencies in Form B but not such as would, of themselves, give rise to suspicion or concern. However, the story as recounted on Form B is implausible. Had Shipman attended Mrs Roberts for a DVT in the middle of the night, Dr Farrar would have expected Shipman to admit her to hospital or, at the very least, make arrangements to ensure that she was appropriately cared for. Dr Farrar said that he could not imagine what story Shipman could have given to satisfy him that it was appropriate to certify the death as Shipman had. He said that he would have trusted Shipman's word as to his clinical findings and the circumstances of death. My view is that, if Shipman did tell a plausible and acceptable tale, Dr Farrar cannot have checked it against Form B. I would not go so far as to say that Dr Farrar should have refused to sign Form C in this case but I think the circumstances should have concerned him and should have made him more alert to any unusual circumstances in the deaths for which he was later asked to sign Form C.

- 15.81 Mrs Mary Winterbottom died about seven months later, on 21st September 1984. Shipman stated on Form B that he had last seen her alive two days before her death. She was known to suffer from heart disease. He attributed the death to a coronary thrombosis. He said that he had found her collapsed on the bed and had attempted resuscitation but this had failed. Shipman was present at the death. Mrs Winterbottom had, Shipman claimed, been seen by her niece two hours earlier, when all had been well. The effect of this account is that Shipman had just happened to arrive at the house soon after Mrs Winterbottom had collapsed. Dr Farrar said that he would have relied on Shipman's oral account of the death and did not notice anything unusual about the circumstances. It may be that Shipman told Dr Farrar that he had been summoned in an emergency. However, Dr Farrar agreed that he cannot have looked carefully at Form B. Had he done so, he could not have been satisfied that Mrs Winterbottom had died as a result of a coronary thrombosis. He also stated in oral evidence that it would be very, very rare for a general practitioner to be present at two deaths in a year. I observe that, in neither Mrs Roberts' case nor Mrs Winterbottom's case was anyone else said to be present at the death. Again, I would not go so far as to say that Dr Farrar should not have signed Form C in Mrs Winterbottom's case but I think the circumstances should have made him more alert to any unusual circumstances in the deaths for which he was later asked to sign Form C.
- 15.82 Shipman admitted that he was present at another death, that of Mrs Ellen Higson, in February 1985, only five months later. This was one of three deaths occurring in 1985 for which Dr Farrar signed Form C; neither of the other two was the result of unlawful killing. Shipman certified that the death of Mrs Higson was due to renal failure. He claimed that he had been attending her in her last illness for two weeks, that she was not being nursed and that she died after being in a coma for **'hours only'**. He and the home help were present at the death. Dr John Grenville, a general practitioner who gave evidence in Phase

One, advised the Inquiry that it would be most unusual for a patient with renal failure not to need nursing care and Mrs Higson was, of course, said to have been in a coma. Dr Farrar did not think that the circumstances of this death would have aroused his concern. I think that must be because he just did not think carefully about the circumstances but accepted Shipman's account uncritically. He should not have signed Form C. Had he spoken to the 'home help' (who was in fact an elderly lady who visited Mrs Higson to do errands and help in the house) or to Mrs Higson's daughter, he would have learned that Mrs Higson had not been diagnosed as suffering from renal failure and had not been expected to die.

- 15.83 In January 1986, Dr Farrar signed one Form C in respect of a patient at whose death Shipman said he was not present. Between September 1986 and January 1988, Dr Farrar signed Forms C for five more deaths, at three of which Shipman admitted on Form B that he had been present. Dr Farrar agreed that he should have felt some concern about the death of Miss Mona White, who died on 15th September 1986. She was only 63; she died in Shipman's presence, supposedly of a coronary thrombosis. Shipman stated that he was with her for 30 minutes before her death but made no reference on Form B to any attempt to resuscitate her or admit her to hospital. Dr Farrar said in evidence that he is now surprised that Shipman had not admitted Miss White to hospital. Once again, it does not appear that Dr Farrar gave sufficiently careful consideration to the circumstances of the death.
- 15.84 Dr Farrar said he was now also surprised that Shipman did not appear to have attempted to admit Mrs Alice Thomas to hospital before her death. On Form B, Shipman said that Mrs Thomas died of a right-sided stroke, on 16th April 1987. Shipman said that he had been with her for 40 minutes before she died but it appears that he had made no attempt to call an ambulance. He stated that he was present at her death. Dr Grenville advised the Inquiry that a right-sided stroke, which would be of an occlusive nature, would not usually result in a sudden death. In my view, if Dr Farrar had applied his mind carefully to the circumstances of this death, he would have been so concerned that he could not have signed Form C.
- 15.85 The death of Mrs Elizabeth Fletcher on 5th January 1988 was rather sudden and also said to have occurred in Shipman's presence. Shipman said that the death was due to a stroke, that he had been with Mrs Fletcher for an hour before her death and that she had died after being in a coma for 20–30 minutes. He did not refer to any attempt to admit her to hospital. He said that Mrs Fletcher's sister-in-law was also present at the death. I accept that Shipman might have been able to give a plausible account of this death and, looking at the death in isolation, I can understand why Dr Farrar signed Form C. However, this was yet a further death occurring in Shipman's presence in which he failed to call an ambulance. If Dr Farrar had given thought to the circumstances of these recent deaths, I think he would have noticed a pattern. I note also that, if Dr Farrar had tried to locate the **'sister-in-law'**, he would have found that there was no such person. If he had located Mrs Elizabeth Mellor (who is now deceased, having been killed by Shipman), a neighbour, who had called on Mrs Fletcher to find Shipman in the house with Mrs Fletcher's dead body sitting in a chair, he would have felt very concerned indeed about Shipman's certification of this death.

- 15.86 The seventh death at which Shipman admitted he was present was that of Mrs Mary Hamer. She died in Shipman's surgery. Although, at that time, Shipman was a principal at the Donneybrook Practice, no one else was present at the death. Dr Farrar agreed that a death in the surgery is most unusual. When it had happened in his practice, the death had been reported to the coroner. Yet he did not demur when Shipman certified this one. It is possible that Shipman told Dr Farrar that the coroner had given permission for him to certify the death and, if he did so, I could understand how Dr Farrar might have agreed to sign Form C and, in the circumstances, I would not criticise him. It appears that at least one other patient died in the Donneybrook Surgery and the death was not referred to the coroner. If, however, Dr Farrar had spoken to a member of Mrs Hamer's family, he would have learned that she had been well and that her death was most unexpected. The surgery receptionist would have told him that Mrs Hamer looked well as she walked into the surgery.
- 15.87 I am critical of Dr Farrar's failure to notice the unusual features of the deaths of Mrs Roberts and Mrs Winterbottom and consider that he should have refused to sign Form C in respect of Mrs Higson's death. These three deaths occurred quite close together in time. I am also critical in respect of the deaths of Miss White, Mrs Thomas and Mrs Fletcher in that he did not notice that Shipman was present at the deaths of his patients and yet took no steps to call an ambulance or organise admission to hospital.

Dr Alastair MacGillivray

- 15.88 Dr Alastair MacGillivray was registered as a medical practitioner in 1973. In 1975 he joined one of the Clarendon House practices. In 1993, he moved with his partners to the Brooke Practice, where he remains.
- 15.89 Between 1980 and 1998, Dr MacGillivray completed 44 Forms C for patients of Shipman. Twenty five of the patients in question were unlawfully killed by Shipman. The number of Forms C Dr MacGillivray completed in each year rose markedly, beginning in 1995. Whereas the most he had completed in any year until then was three (in 1985, 1993 and 1994), in 1995, the number rose to six, then to seven in 1996 and nine in 1997. Given that Dr MacGillivray knew that Shipman's Forms C were spread between the five Brooke Practice doctors, I think that he could reasonably have been expected to realise, during this three-year period, that Shipman had an unusually large number of patient deaths followed by cremation. I think it likely that he was vaguely aware of the increase in Forms C but did not appreciate its significance. Dr MacGillivray shared the view of his partners that Shipman had a lot of elderly patients whom he preferred to keep at home rather than admitting them to hospital and that he was a 'hands on' doctor who, if called out, would take over the function of the ambulance service. Logically considered, these factors could not provide an explanation for the apparent increase in patient deaths. They might, however, on a superficial analysis, be thought capable of explaining the high numbers of deaths. Also, the role of the Form C doctor was to consider individual Forms B rather than to look out for any pattern. As I have already mentioned, Dr MacGillivray and his Brooke Practice colleagues were not signing Forms C for any other Form B doctor and so the opportunity for comparison was limited. For those reasons, I do not think that

Dr MacGillivray should be criticised for his failure to appreciate the significance of the increase in numbers.

- 15.90 Although Shipman admitted on Form B that he had been present at the deaths of four patients for whom Dr MacGillivray signed Form C, he never claimed to have been alone with the patient at the time of death. These cases were not clustered together in time and I do not think that Dr MacGillivray could have been expected to notice this feature or to regard those deaths as unusual, simply by reason of Shipman's presence at the death.
- 15.91 A more significant feature of the deaths considered by Dr MacGillivray was that, in no fewer than 23 cases, Shipman recorded that the patient was alone at the moment of death. In 14 of those cases, Shipman admitted a visit on the day of death. This reflected a pattern quite different from Dr MacGillivray's own professional experience, judging from his Forms B. Most of his patients died with family or carers present. All but four of the 63 patients for whom he signed a Form B between 1986 and 1998 died in the presence of a relative, friend or carer. That is a normal pattern. Usually, when a patient dies alone, the death is to some extent unexpected, the moment of death will not have been observed and it is appropriate to refer the death to the coroner.
- 15.92 There are several groups of Shipman's cases, covering quite short periods, where the patient ostensibly died alone, yet for which Dr MacGillivray signed Form C. For example, between October 1992 and May 1993, he signed three Forms C, relating to the deaths of Mrs Monica Sparkes, Mrs Hilda Couzens and Mrs Emily Morgan. All three deaths were attributed to stroke or heart attack. If the deceased were alone at the time of death, it is hard to see how Shipman could have known the cause of death with sufficient confidence to certify it. I can understand why Dr MacGillivray might have agreed to sign each of these individual Forms C in isolation but I think it should have occurred to him that Shipman made a habit of certifying deaths in circumstances where other doctors would not do so.
- 15.93 I accept that, in some cases, Shipman might have told Dr MacGillivray that he had spoken to the coroner, who had authorised him to certify the cause of death. Such a conversation and authorisation should normally be recorded on Form B, although there was no question specifically covering this point until about 1995; moreover, the old forms continued in use well into 1997. While giving evidence during Stage Two of the Inquiry, Dr MacGillivray claimed to remember that Shipman had once boasted to him that he often 'discussed' cases with the coroner and the coroner accepted them, even though they were sudden. It is strange that Dr MacGillivray recalled this incident so late in the day. He had provided written statements for the Inquiry and had given evidence during Stage One. His recollection was, he said, 'vague'. He had never mentioned this incident before. For that reason alone, I am doubtful as to its accuracy. I accept that it would have been typical of Shipman to make such a boast. However, I note that, when the new Forms B came into use, containing an additional question (number 19) which asked whether the coroner had been informed of the death, Shipman did not claim that he had done so in any of the cases handled by Dr MacGillivray. It is possible that Shipman made this boast but I think it more likely that Dr MacGillivray has persuaded himself that it was made.
- 15.94 Had Dr MacGillivray been more alert, I think it would also have occurred to him that the pattern of a visit followed by a sudden unattended death was completely at variance with

his own experience. I have already said, in connection with Dr Dirckze's position, that a recent visit followed by a sudden death would be surprising because one might expect an ambulance to be called out or other care arrangements to be made. The forms tell only a part of the tale, of course. I do not know what Shipman said to Dr MacGillivray in the three cases mentioned above but I do observe that Shipman made an entry in Mrs Sparkes' medical records, suggesting that he had called an ambulance and it is more than likely he spun a similar yarn to Dr MacGillivray. I note that Mrs Couzens was said in Form B to have had a history of ischaemic heart disease and to have had an alarm button fitted to her dress. The observations of a neighbour were said to have informed Shipman's view as to the mode and duration of death, in Mrs Morgan's case. I can see how these little pieces of information would be embroidered and embellished as necessary for the Form C doctor. When allied with the general perception of Shipman's ethos of visiting his patients at home and not admitting them to hospital, I can see how the picture painted by Shipman might have been very convincing.

- 15.95 Between July and November 1995, however, there were three more deaths at which the patient died alone. These were respectively said to be due to cardiac arrest, old age and coronary thrombosis. In each case, Shipman had apparently seen the patient an hour or two before death. Yet the patient was alone at the moment of death. If Dr MacGillivray had thought analytically about these deaths and other deaths that were to follow, and had he examined the Forms B carefully, I think he would have noticed a recurring pattern that patients whom one would normally expect to be receiving care were dying alone. However, he did neither. He freely admitted that he did not examine Forms B at all carefully and that he placed complete trust in the oral account given by Shipman.
- 15.96 There was a further cluster of three deaths in June and July 1996, where the deceased supposedly died alone. There was yet another cluster of four such deaths between January and April 1997. In all four of this last cluster, Shipman said on Form B that he had seen the patient within, at most, 12 hours before the death. Two of these patients were said to have died as the result of coronary thrombosis. It is very surprising that a patient should die alone of a sudden cause such as coronary thrombosis within 45 minutes and two and half hours after a visit from the doctor, as Shipman claimed had happened. It is also very hard to see how Shipman could have been thought able to certify the cause of death.
- 15.97 In the other two cases, Shipman certified the cause of death as bronchopneumonia. On the Form B relating to Mrs Elsie Dean, Shipman said that she had died of bronchopneumonia at about 3am on 8th January 1997. He had last seen her about 12 hours earlier. She had died alone, had had no nursing care and had been in a coma for six to nine hours before death. If true, these circumstances would be most surprising. They suggest that Shipman left this patient alone with no nursing care, at a time when she must have been suffering from a chest infection severe enough to cause her to fall into a coma and die within hours. I cannot think what Shipman could have said to explain this death. Even more surprising are the supposed circumstances of the death of Mrs Mary Coutts. She was said to have died of bronchopneumonia at 2.15pm on 21st April 1997. Shipman said he had last seen her alive at about 1pm. She had had no nursing care and was alone at the moment of death. She was found by a neighbour, dead in her chair. If true, that account would suggest that Shipman had left Mrs Coutts alone, without care, just over an

hour before her death. Dr MacGillivray did not notice anything unusual about this death. He should have done and he should have refused to sign Form C. I do not think Dr MacGillivray should have signed Form C in either of these two cases.

- 15.98 In my view, Dr MacGillivray did not take sufficient care when completing a Form C. I do not think he thought carefully about the circumstances as outlined by Shipman. If he listened to the oral account, he cannot have cross-checked it with the content of Form B. Dr MacGillivray ought to have refused to sign the forms relating to Mrs Dean and Mrs Coutts. He ought also to have noticed the unusual features of the deaths of Shipman's patients so that, when these matters were discussed between the partners of the Brooke Practice, he could have contributed his observations. I am critical of him in these respects. I think he failed in his duties as a Form C doctor. I think that he should, by about the beginning of 1997 at the latest, have realised that something was amiss and raised his concerns with his partners.

Dr Rajesh Patel

- 15.99 Dr Rajesh Patel was registered as a medical practitioner in 1986. He undertook general practitioner training under Dr Vikram Tanna at one of the Clarendon House practices in 1992. For a short period, he worked as an occasional locum for Shipman, to whom he was, of course, quite junior. In December 1993, he joined the Brooke Practice.
- 15.100 Between December 1993 and March 1998, Dr Patel completed 29 Forms C for Shipman. Shipman had killed 22 of the patients in question. He admitted on the Forms B that he had been present at a total of nine deaths. He claimed that no one had been present at 12 deaths. Both these features are unusual for deaths occurring in the community where it is far more common for the death to occur in the presence of family or carers. Examination of the 11 deaths for which Dr Patel himself signed a Form B between September 1993 and April 1998 reveals that all the patients had been suffering prolonged illness or were in a nursing home or died in the presence of a relative or carer.
- 15.101 I am satisfied that Dr Patel did at some stage notice that Shipman seemed to have a large number of patient deaths and was often present at the deaths. I am not sure when Dr Patel began to notice these features but I believe it was very probably prior to 1998. He signed one Form C in 1993, three in 1994, six in 1995, nine in 1996, seven in 1997 and three in the first three months of 1998. However, I do not believe it occurred to him that Shipman might have been guilty of wrongdoing.
- 15.102 In January 1994, Dr Patel signed a Form C for Miss Joan Harding, who had died in Shipman's surgery. I accept Dr Patel's evidence that Shipman gave a wholly convincing account of this death and observe there was nothing inconsistent within the account given in Form B. The fact that Shipman wrote that Sister Gillian Morgan, the practice nurse at the Market Street Surgery, had been present at the moment of death would, I am sure, have been very reassuring for Dr Patel. Had Dr Patel sought corroboration from Sister Morgan, she would have given him an account that was entirely consistent with a sudden natural death on the premises. She too was, in that respect, taken in by Shipman.
- 15.103 However, in July 1994, Dr Patel signed a Form C for Miss Maria Thornton. On Form B, Shipman said that she had died following a stroke. He had seen her about six hours before

death. She was alone at the moment of death. Shipman claimed that Miss Thornton had been found dead by a neighbour; she had apparently collapsed at the table when eating her tea. Dr Patel told the Inquiry that he did not know how he could have been satisfied at the time that Miss Thornton had died from a stroke. However, I note that Shipman wrote that Miss Thornton had underlying arteriosclerosis and I accept that he may well also have provided a detailed oral history of hypertension and arteriosclerosis. I do not criticise Dr Patel for signing the Form C in this case.

- 15.104 On 9th March 1995, Dr Patel signed Forms C for two patients who had died on 7th March. On Form B, Shipman said that Mrs Netta Ashcroft had died of a coronary thrombosis; she had underlying ischaemic heart disease. He had seen her at about midday, two hours before her death, when she was suffering from a chest infection. She had been alone at the moment of death and had been found by her niece, dead in a chair. Dr Patel was unable to suggest how Shipman had explained this death. Eventually, he said that he thought Shipman had probably told him that Mrs Ashcroft had had some angina that morning but that he had forgotten to put it on Form B. That is possible, although it seems unlikely, bearing in mind that Shipman had specifically mentioned that Mrs Ashcroft had a chest infection that morning. I am concerned that Dr Patel signed this Form C but, with a convincing history from Shipman, who might have mentioned that the niece was providing some kind of support, many doctors might have accepted that there was sufficient material for Shipman to certify the cause of death. There are also grounds for suspecting that Shipman might have suggested that he had spoken to the coroner about the death, something that he was to suggest on at least two occasions the following year. In the circumstances, I do not think that Dr Patel can legitimately be criticised for signing the Form C in this case.
- 15.105 On the very same day, Dr Patel also signed a Form C for Mrs Lily Bardsley. On Form B, Shipman said that Mrs Bardsley had died following a stroke. She had arteriosclerosis. Shipman had arrived half an hour before the death, which occurred at 2.20pm, and had been alone with her at the moment of death. He said that Mrs Bardsley had collapsed about 10–15 minutes before her death. So, the picture portrayed on Form B was that Shipman had arrived at the house, for an unspecified reason; about 15–20 minutes later, Mrs Bardsley had collapsed and after a further 10–15 minutes, she had died. Dr Patel cannot now say what Shipman told him but suggested that he might have said that Mrs Bardsley did not want to go into hospital. Dr Patel said that Shipman often spoke about his belief that patients had the right to choose whether or not they were to go into hospital. It would not have occurred to him to doubt Shipman if he said that a patient had refused to be admitted. I accept that Shipman probably gave a plausible account of this death and do not criticise Dr Patel for signing Form C. Dr Patel said that, at this time, it had not occurred to him that it was unusual for a doctor to be present at a death. It is very important to observe that Dr Patel's own patient list at the time comprised mainly young children and their mothers and that he had very few deaths among his own patients. At this time, he had signed only two Forms B for patients of his own. He was also still quite junior.
- 15.106 During the remaining months of 1995, Dr Patel signed four more Forms C for Shipman. I am satisfied that it was not unreasonable for him to do so in any of the four cases. I note that, in two of the cases, Shipman stated on Form B that he had spoken to the coroner,

who was agreeable to him certifying the cause of death. In the other two cases, Shipman said that he had not visited on the day of death. It may well be that the six Forms C that Dr Patel signed for Shipman in 1995, at a time when he was himself relatively inexperienced, set a norm for what Dr Patel expected of Shipman in terms of the latter's patient deaths.

- 15.107 In 1996, Dr Patel signed nine Forms C for Shipman. In respect of Mrs Marjorie Waller, Dr Patel accepted in oral evidence that he cannot have paid close attention to what Shipman had written on Form B. I think that must be so. Shipman said that Mrs Waller died of bronchopneumonia two hours after he had seen her. Her death had been preceded by a collapse of only a few minutes' duration. She was found dead on the bed by neighbours who had been to fetch her a prescription. Dr Patel accepted that this account did not make sense and I cannot see how the account Shipman gave orally can have been even remotely consistent with the account on Form B, if it was to be reasonably plausible. Dr Patel said that he must have heard and accepted Shipman's story and failed carefully to consider or compare the contents of Form B. I think that is so and I think that the circumstances are such that they must result in individual criticism of Dr Patel in respect of this death.
- 15.108 Dr Patel then accepted without question the account that Shipman gave him of the death of Mrs Edith Brady who died in his surgery, in circumstances very similar to those of the death of Miss Harding two years earlier. Dr Patel said in evidence that he had a recollection of being asked to complete Form C in Mrs Brady's case and that he had regarded it as factually similar to the death of Miss Harding. He had also become aware by this time of at least one other death in a doctor's surgery. Given that, in 1995, he had reasonably believed the death of Miss Harding to have been the result of natural causes, I do not think he should be criticised for accepting that a similar episode had occurred again, particularly as Shipman again said that Sister Morgan had been present at the moment of death. The remaining seven deaths for which Dr Patel signed Form C during 1996 do not give rise to any cause for individual criticism of Dr Patel. I accept that Shipman in each case gave a plausible account and that there was no reason for Dr Patel to question it.
- 15.109 The death of Mrs Fanny Clarke on the afternoon of Saturday, 18th May 1996 warrants special mention because it seems, not only that Shipman was called out to the death, but that the deputising service had also been called a short time previously. Mrs Clarke had complained to the deputising service of chest pains and had been advised that she should go to hospital immediately and that an ambulance would be arranged. She had refused an ambulance and so it came about that Shipman was informed. The case is significant because it goes some way to support the perception that patients of Shipman were likely to call him out in an emergency and would occasionally refuse hospital admission.
- 15.110 Dr Patel said that it might have been around this time that he noticed that Shipman had a high number of patient deaths and that he was present at many. When, on one occasion, he mentioned this, half jokingly, Shipman admonished him, saying that younger doctors were far too quick to send their elderly patients to hospital and that they did so because

they were not prepared to look after them properly at home. Shipman himself, by implication, did not practise in that way and was accordingly far more likely to be present at the death of a patient at home. Although I am unsure when this conversation took place (it might have been rather later, in 1997 or even 1998), it must have made Dr Patel more ready to accept as explicable Shipman's frequent presence at the deaths of his patients.

15.111 In 1997, Dr Patel signed seven Forms C. Although in five of those cases Shipman had killed the patient, there was nothing on the Forms B to cause Dr Patel to refuse to sign Form C, particularly when I take into account Dr Patel's experience of Shipman by this time. I accept that Shipman would have given a plausible explanation in each case. Shipman admitted his presence at only one death and only one patient was said to have died alone. Dr Patel said that, during 1997, he had no suspicion about Shipman.

15.112 In 1998, Dr Patel signed three Forms C for patients of Shipman. In the first two, there was no obvious reason on the face of Form B why Dr Patel should refuse to sign Form C. I am prepared to accept that Shipman would have told a plausible tale. In the last case, that of Mrs Martha Marley, who died on 24th March, Dr Patel signed Form C on 26th March, even though he and all his colleagues had by then become concerned about Shipman's activities. It was on 24th March that Dr Linda Reynolds telephoned the Coroner and was visited at the Brooke Practice Surgery by Detective Inspector David Smith. Dr Patel knew that the police were to investigate Shipman and he signed this last form in the mistaken belief that the police would be aware of and would enquire into the circumstances of Mrs Marley's death. He thought that he was supposed to carry on as usual so that Shipman would not suspect that he was under investigation. There was nothing on the face of Form B to which Dr Patel could have taken exception; the form did not suggest that Shipman was present at or had discovered the death and I have no doubt that Shipman gave a plausible account of the death. I am not critical of Dr Patel for signing this form, although it is unfortunate that he did so.

15.113 I observe, in conclusion, that there are several cases in which, if Dr Patel had made an enquiry of a person independent of Shipman, he would have discovered facts at variance with Shipman's account and would no doubt have refused to sign Form C. In not adopting the practice of contacting such persons, Dr Patel was acting in the same way as the vast majority of doctors. It would be wrong to criticise him or any of his colleagues for that failure, although I find it regrettable that such a general failing exists. I criticise Dr Patel only in connection with the cremation Form C relating to Mrs Marjorie Waller.

Dr Stephen Proctor

15.114 Dr Stephen Proctor was registered as a medical practitioner in 1980. He was appointed as a principal at one of the Clarendon House practices in 1983, when he joined Dr Beenstock, Dr Farrar and Dr Tanna. He believes that, while a house officer, he may have had some cursory instruction in the completion of cremation forms. He described the procedure he adopted when examining a body before completing a Form C. I accept that he performed a thorough and careful examination.

- 15.115 Between 1985 and 1993, Dr Proctor completed 17 Forms C for Shipman. It is now known that, in six of those cases, Shipman had killed the patient. Five of the 17 deaths occurred in 1985, but three of those were natural. Otherwise the deaths and unlawful killings were spread fairly evenly over the years. Shipman admitted his presence at three deaths; two of these were close in time. Miss Frances Turner and Miss Vera Bramwell died in August and December 1985, respectively. I do not think that Shipman's presence, in itself, should have made Dr Proctor suspicious; Shipman suggested that a warden was also present at the death of Miss Bramwell. From 1986 until May 1993, when Dr Proctor signed his last Form C for Shipman, Shipman did not suggest in relation to any patient for whom Dr Proctor completed Form C that he had been present at the death. In summary, I would not expect Dr Proctor to have been concerned about the deaths of Shipman's patients solely on account of Shipman's presence at those three deaths.
- 15.116 There were five deaths at which Shipman stated that no one was present. These were not close to each other in time. In two of the cases, those of Mrs Beatrice Toft and Mrs Alice Jones, Shipman had seen the deceased within a short time before death. However, these two deaths were over a year apart. I would not have expected Dr Proctor to notice from his involvement in these five cases that Shipman often seemed prepared to certify the cause of death in circumstances where many doctors would think it appropriate to refer the death to the coroner.
- 15.117 There are, however, two deaths about which Dr Proctor might have been concerned if he had thought more carefully about their individual circumstances. I do not, however, think that, in either case, Dr Proctor's performance was such as to attract individual criticism. I mention the cases for illustrative purposes.
- 15.118 Miss Frances Turner died on 23rd August 1985, at the age of 85. On Form B, Shipman stated that the cause of death was old age and that there was underlying arteriosclerosis. He said that he had seen Miss Turner two days before her death. She was not in receipt of nursing care. Shipman alone was present with the deceased at the moment of death. Dr Proctor said that Shipman would have given him a detailed, sensible and plausible account of the state of health of a patient whom he knew well, leading up to a death that it would be reasonable to ascribe to 'old age'. I accept that that is so. However, it is hard to imagine how Shipman might have explained his arrival just in time to witness the death, even though Shipman might have said that he was calling on the patient almost every day. Yet Dr Proctor did not apparently notice this. I think Dr Proctor was focussing only on the reasonableness of the cause of death. Given that Dr Proctor had no reason to doubt the truth of what he was being told by Shipman, I do not think I should criticise him solely on the basis that what was being described was a very unusual circumstance.
- 15.119 Mrs Alice Jones died in January 1988. On Form B, Shipman stated that she had died following a stroke. He did not say that she had any underlying condition. That does not mean that he did not include such a claim in his oral account to Dr Proctor. He might well have told him that Mrs Jones had arteriosclerosis, which would have been wholly credible at her age. On Form B, Shipman said that he had seen Mrs Jones one and a half hours before her death. No one had been present at the death. In evidence, Dr Proctor agreed that the cause of death could not have been sufficiently clear to allow Shipman to certify.

He agreed that if the death was due to a stroke, it must, by its suddenness, have been a brain stem stroke and these are rare. He said that, if Mrs Jones had been a patient of his, he would have wished to discuss the death with the coroner before certifying. It is my view that this death ought to have been reported to the coroner as a sudden death of which the cause was not known. However, I again refrain from criticising Dr Proctor for signing Form C in this case, as it is quite possible that Shipman told him that he had discussed the case with the coroner and had been given permission to issue the MCCD. I accept that, at times, he claimed to have discussed a case with the coroner and it is not clear whether he always noted the fact on Form B.

- 15.120 Dr Proctor agreed that there were many deaths among those he had considered where, if he had questioned a relative or carer or someone with knowledge of the death, he would have discovered facts which would have given rise to great concern and which would have caused him to refuse to sign Form C. In not adopting the practice of questioning such persons, Dr Proctor was acting in the same way as the overwhelming majority of doctors. It would be wrong to criticise him for that failure, although, as I have already said, I find it regrettable that such a general failing exists. I do not therefore find any grounds upon which to single out Dr Proctor for individual criticism.

Dr Vikram Tanna

- 15.121 Dr Vikram Tanna was registered as a medical practitioner in 1979 and was appointed a principal at one of the Clarendon House practices in 1982. He joined Dr Beenstock, Dr Farrar and Dr David Livingstone.
- 15.122 Dr Tanna claimed in oral evidence that he was aware that the Form C procedure was intended to provide a check on any possible wrongdoing by the doctor. I do not accept that he was. That would be inconsistent with his other evidence which was that he regarded the process as confirmatory, rather than investigatory, and that it had never occurred to him not to trust the Form B doctor. It would also be inconsistent with the approach that he manifestly adopted towards his duties as a Form C doctor.
- 15.123 Between 1987 and 1993, Dr Tanna completed nine Forms C for Shipman. Of those, it is now known that eight were unlawful killings. There were no clusters of deaths until early 1993, when Dr Tanna completed three Forms C within two months, two of which were completed on the same day, in respect of deaths on consecutive days. Shipman admitted having been present at four of the nine deaths, but in only one case did he say that he was alone with the patient at the moment of death. Three of those four deaths occurred between October 1988 and August 1989.
- 15.124 Mrs Alice Prestwich died on 20th October 1988. Shipman suggested on Form B that she had a history of ischaemic heart disease and died of a coronary thrombosis. He was with her during the last hour of her life and was present at the moment of death. The mode of death was collapse lasting minutes only. No one had nursed her and no one other than Shipman had been present at her death. Dr Tanna said that he had probably understood from Shipman that he had been called out urgently by the patient, who was suffering a coronary thrombosis and whom he unsuccessfully attempted to resuscitate. It did not appear that Shipman had made any attempt to admit the patient to hospital.

- 15.125 Mr Harry Stafford died on 17th December 1988. The circumstances were very similar to those of Mrs Prestwich's death. In the case of Mr Stafford, however, the cause of death was said to be left ventricular failure and a neighbour was said by Shipman to have been present at the moment of death, in addition to himself. Dr Tanna explained that the suggested presence of a neighbour would have provided strong support for the belief that this was an emergency. Again there is no reference to any attempt to admit the patient to hospital.
- 15.126 In relation to both cases, Dr Tanna said that Shipman would have given far more detail in his oral account than he provided on Form B. He might well have claimed, with some authority, that he had administered diuretic treatment for Mr Stafford's condition. Dr Tanna also explained that, in the late 1980s, elderly coronary patients were admitted, not to the Coronary Care Unit, but to the medical ward, and some did not want to be admitted to that ward if it was possible for them to be managed at home. That might explain Shipman's apparent failure to admit either patient.
- 15.127 The third death to occur during that ten-month period and for which Dr Tanna signed Form C was that of Mrs Marion Carradice. The factual circumstances were again similar, with the suggestion that only Shipman and a neighbour had been present at the death. In Mrs Carradice's case, however, the cause of death was said to be left-sided stroke, with hypertension as the underlying cause. Dr Tanna said that he would not have been struck by any inconsistency in the picture portrayed by the Form B, namely that a unilateral thrombotic stroke, which (according to the expert evidence given to the Inquiry by Dr John Grenville) normally leads only slowly to death, had led to Shipman being called out and had been followed by a fatal occlusive brain stem stroke, occurring after his arrival. Dr Tanna said that it was debatable whether the picture was inconsistent.
- 15.128 My view of these three deaths is that Dr Tanna should not be criticised for signing the relevant Forms C. The suggested presence of a neighbour, combined with what was then perceived by Dr Tanna to be Shipman's reasonable approach towards admitting his patients, are factors which carry significant weight.
- 15.129 There were four deaths in which Shipman recorded that no one was present at the moment of death. This is very unusual in a death that is to be certified by the general practitioner. These cases were well spread out in time save for two, which were only two months apart. I do not think this feature occurred with such frequency that Dr Tanna should be criticised for failing to notice that Shipman seemed to certify deaths that other doctors would have reported to the coroner.
- 15.130 I must deal with the last three deaths for which Dr Tanna signed Form C, which occurred in February and April 1993. The first in time was that of Mrs Olive Heginbotham who was killed by Shipman on 24th February, although he stated on Form B that she had died, by his estimate, between 1am and 2am on the following day. Whilst I think this would ordinarily have been regarded as a death that had to be reported to the coroner, Dr Tanna said that Shipman might well have explained that, since she was a patient whom he had been treating for 16 years and who had been suffering congestive heart failure for four weeks, it was reasonable for him to surmise that the cause of death was congestive heart failure.

- 15.131 Dr Tanna signed Forms C relating to the deaths of Mrs Fanny Nichols and Mrs Marjorie Parker on the same day, 28th April 1993. According to Form B, Mrs Nichols collapsed and died alone in her home two hours after a visit by Shipman. She was discovered by her daughter and Shipman was at the house within 30 minutes of the death. The cause of death was said to be congestive heart failure due to underlying ischaemic heart disease. A similar explanation of the death might well have been given by Shipman to that which he gave in the case of Mrs Heginbotham. Mrs Parker died on 27th April 1993. According to Form B, she died in the presence of Shipman, her husband and her son. Again, the presence of family members would have been very reassuring.
- 15.132 In summary, there are no deaths for which, in my view, Dr Tanna should be criticised for signing a Form C. There are several that, on the face of Form B, are unusual. However, in each case, I consider that it is likely that Shipman was able to tell a plausible tale which was not frankly inconsistent with what he had put on Form B.
- 15.133 In many of the cases considered by Dr Tanna, questioning of relatives or carers would have revealed a story completely inconsistent with the oral account that Shipman must have given. As Dr Tanna told me, he would have been extremely concerned to hear a relation or carer give a different account from that given by Shipman. It is most unfortunate that the practice in most areas was not to question the relatives. Dr Tanna should not, in this respect, be singled out for criticism and nor, as I have said, should he be individually criticised in any other way for his performance as a Form C doctor.

The Forms C Signed by Dr Linda Reynolds

- 15.134 I shall conclude by considering those deaths for which the late Dr Linda Reynolds completed Forms C. Her position is unusual for two reasons. First, she was unable to give evidence to the Inquiry. I have only a very general account of how she reacted to the experience of considering Shipman's Forms C. Second, she was the driving force behind the decision of the Brooke Practice doctors to raise their concerns about Shipman. She might not have been the first to notice anything strange but she was the first to feel strongly that something must be done. She was plainly conscientious. It would be unthinkable to criticise her for not having noticed the features that caused her to be concerned or for not having made her report sooner than she did.
- 15.135 Dr Reynolds was registered as a medical practitioner in 1975. Before joining the Brooke Practice, she had been a principal in a general practice in Reddish, Stockport, for 19 years.
- 15.136 I have no reason to believe that Dr Reynolds adopted a different general approach to the completion of Form C from that of her colleagues. I note, for example, that she did not make enquiries of any person independent of the Form B doctor and always answered questions 5–8 in the negative. I am satisfied that Dr Reynolds would have undertaken her Form C duties carefully and intelligently. Yet she never refused to sign one of Shipman's Forms C; nor, until soon after the death of Mrs Lily Higgins in March 1998, did she contact anyone in authority.
- 15.137 Between September 1996 and March 1998, Dr Reynolds completed 11 Forms C for Shipman. As it happens, Shipman had killed every one of those patients. Two of the patients died in late 1996, six in 1997 and three in early 1998.

- 15.138 I have already said that, at an early stage, Dr Reynolds noticed that she was completing Forms C more frequently than she had ever done at her practice in Reddish. That was her first concern. The Forms B also showed that Shipman said that he was present at no fewer than six out of the 11 deaths, although he said he was present alone at only one. It is known that Dr Reynolds noticed this feature and thought it odd. When she raised it with her partners around the end of 1997, they advised her that Shipman had a lot of elderly patients and was well known as a doctor who would visit his patients unannounced when he was concerned about their condition. She was somewhat reassured.
- 15.139 In four cases, Shipman had said on Form B that no one was present at the death. It is not known what Dr Reynolds thought about that. It would probably have been unusual for her to complete and sign a Form B in a case where no one had been present at the death, at least without discussing the circumstances with the coroner. It would be unusual because there would be no one available to describe to her the circumstances of the death and because, if the death had been expected, family or carers would be likely to have been present.
- 15.140 In short, the picture presented by the deaths of Shipman's patients was wholly abnormal. It must have been very different from her experience in Reddish. Yet, her concern about these features was not such that she felt compelled to take positive steps until she learned that Mrs Bambroffe was also concerned about the deaths of Shipman's patients.
- 15.141 I do not propose to lengthen this Chapter by detailed consideration of every death considered by Dr Reynolds. It suffices to say two things. First, there is no Form B among those that she considered that contained manifest inaccuracy, internal inconsistency or medical implausibility. Second, I can well believe that, in each case, Shipman would have been able to tell a convincing tale of what had occurred so that Dr Reynolds would have had no reason to doubt the truthfulness of what he said. Individually, the deaths considered by Dr Reynolds did not give rise to any cause for concern, sufficient to warrant a refusal to sign Form C. Viewed collectively, however, they revealed the disturbing pattern which Dr Reynolds noticed and which spurred her to act. I repeat, it would be unthinkable to suggest that Dr Reynolds ought to have felt concern at an earlier date than that at which she did.

Conclusions

- 15.142 In a few instances, I have been critical of individual doctors in connection with the performance of their duties as a Form C doctor. Their poor performance is mitigated, although not entirely excused, by the generally low standard of Form C completion prevailing throughout the profession. The low prevalent standards had been condoned by the profession generally and by the Home Office, the Government Department supervising the operation of the scheme, at least since they had been highlighted in the Brodrick Report, published in 1971.
- 15.143 In the great majority of individual cases, I accept that Shipman was able to tell a plausible tale, which was not frankly inconsistent with the account given on Form B. Even if, in the cases in which I have criticised a doctor for signing a particular Form C, the doctor had

queried the propriety of Shipman's decision to certify the cause of death, I do not think it would have led to his detection. I think it likely that Shipman would have claimed that, in the light of the objection raised, he had spoken to the coroner, who had approved the cause of death. Distrust of Shipman would not have been such as to cause the Form C doctor to verify the truth of that statement. However, if this had happened regularly, it would or should have attracted notice.

- 15.144 It is clear that the Form C procedure, as operated in this country for many decades, has been wholly inadequate as a safeguard against concealed wrongdoing by a Form B doctor. By wrongdoing, I mean, not only homicide, but also negligence and neglect. It is clear that any system which depends on the integrity of one doctor is open to abuse by that doctor, if s/he is dishonest.
- 15.145 I have said that some of the Brooke Practice doctors might have noticed, not only the number of deaths among Shipman's patients and the increase in numbers which occurred in 1995, but also some features of deaths which were unusual and out of line with their experience of deaths among their own patients. It is apparent that, eventually, some of them did notice the number or frequency of the deaths and also noticed that Shipman was often present. Eventually, they came to realise that these factors indicated that all was not as it should be but they did not reach that state of mind until Mrs Bambroffe had voiced her concerns. Ought they to have suspected Shipman sooner?
- 15.146 The problem was that, although Dr Booth, Dr MacGillivray, Dr Patel and Dr Dirckze all had reason to notice some unusual feature or features, the features were not the same for all of them. Dr Booth had a lot of cases at which Shipman was present at the death. For Dr Dirckze and Dr MacGillivray, the unusual feature was that the patient so often died alone, in many cases soon after Shipman had visited. Dr Patel had a significant number of cases at which Shipman was present and at which no one else was apparently present. When Dr Reynolds arrived, she too had a mixture of deaths at which Shipman was present and at which no one else was present. Given the different experiences of the five doctors, and given the prevailing attitude of complete trust in fellow professionals, it does not surprise me that the Brooke Practice doctors convinced themselves that the high number and apparently unusual features of Shipman's patient deaths were attributable to the prevalence of elderly patients on his list and the way in which he conducted his practice. Although, with the benefit of hindsight, it can clearly be seen that all these unusual features were in fact present because he was killing his patients, I do not think it would be fair to suggest that the Brooke Practice doctors should have appreciated the significance of the different factors before they did.
- 15.147 All the Hyde doctors now accept that, if they had questioned a relative or person with knowledge of the death, they would in many cases have discovered facts which would have caused them to refuse to sign Form C. As I have said in Chapter Eleven, I believe that, if it had been a requirement that the Form C doctors should complete at least one of questions 5–8 of Form C in the affirmative, Shipman would either have been deterred from killing so many patients or have been detected sooner than he was. The effect would have been the saving of a significant number of lives.

15.148 It is a matter of regret that the Hyde doctors, who have, I accept, found it distressing to realise that they have played a part, albeit an innocent part, in the Shipman story, have still not changed their practice in relation to completion of Forms C. Not one of those doctors told the Inquiry that s/he now speaks to a relative or carer before signing Form C. Their attitude seems to be that they will do so only if they are told that they must do so.

