

**Comments of the United Bristol Healthcare NHS Trust
on the Statement of Amanda Jane Boyland**

Paragraph 43

The heart bypass machine is used on both adults and children and had been for many years prior to James' surgery in 1993. The disposable pieces are available in various sizes and the appropriate piece is used, depending on the size and weight of the patient. The machine was not the only one available – the cardiac unit has had 2 bypass machines for many years.

Paragraph 48

Machines were only ever turned off following a great deal of preparation and only when all the tests had been performed to ensure the patient was clinically dead.

The parents and the family would have been involved in the detailed discussions surrounding the planning and turning off of the machines. The mother and the other family members may have found this situation so traumatic that they may not now be able to remember it clearly.

Paragraph 51

The withdrawal of treatment, i.e. drugs and food, would have been made by the consultant in charge of the patient. It is very unlikely that discussions took place without the family being involved in them.

Paragraph 53

The consultant surgeon, often accompanied by a nurse, saw the family following the death of a patient. At this time, various issues were discussed, i.e. why the death occurred, what was happening now etc. The practice was for the surgeon to ask the family at the time for permission for a post-mortem to be performed. If they gave their permission then they were asked to sign a consent form. Unfortunately, it may be difficult for the family to remember as this would have been a traumatic time. Of course, if this was a Coroner's post-mortem, then the parents' consent would not have been required, although the process would have been discussed with them.

Paragraph 54

The subject of organ retention has already been explored by the Inquiry and the Trust has made comments separately.

kam/comments.rebuttals