

BRI Inquiry

**Comments of Professor P J Berry on the
Statement of Helen Rickard**

(Samantha Rickard –PM No. 2263)

1. I recorded my meetings with Mrs Rickard to discuss her child's heart in a contemporaneous file note which has been disclosed to the Public Inquiry and a copy is attached. There are several omissions from Mrs Rickard's account which is understandable as these were difficult meetings for all involved and must have been particularly difficult for her. I shall respond to her statement in detail below, but the omissions I refer to include that Mrs Maria Shortis accompanied Mrs Rickard to the second meeting on 8 May 1999 and took part in the discussion, and that a television crew not invited by UBHT filmed Mrs Rickard leaving the hospital after our meeting, and before I was asked to give an interview. My meetings with Mrs Rickard and Mrs Shortis were the first that I had with a parent who had lost a child after cardiac surgery. These meetings influenced my thinking about organ retention by reinforcing the views I had previously expressed to clinicians that parents should be told of the retention of organs.
2. Paragraph 104: *"he told me that he never came into contact with parents of children who had died and that he had nothing to do with the retention of Samantha's heart*". I accept Mrs Rickard's statement that I told her that I had not come into contact with parents who had lost a child after cardiac surgery. However, I would not have said that I "never came into contact with the parents of children who had died". Over the years I have met parents before post-mortem examinations, taken them to see their child after the post-mortem examination, and visited and taken part in parent support groups. These parents had lost their children from miscarriage, accident, cot death, cancer and other causes. I believe that I have met more parents whose children have died than most pathologists, and so I would not intentionally have given the impression that I "never came into contact with parents of children who had died".
3. The post-mortem examination of Samantha Rickard was carried out by Dr Karen Denton. This was under my supervision, and my statement to Mrs Rickard to this effect is recorded in my file note. I consider it an important part of the experience of Senior Registrars to undertake post-mortem examinations for HM Coroner, although the Coroner made it quite clear to me that I was responsible for these examinations. Although Senior Registrars had a degree of freedom to exercise their own judgement, they were expected to adhere to the working practices established in the department. Thus the retention of Samantha's heart was my responsibility. It is difficult for me to say so long after the event to what extent I supervised the examination, although trainees knew that I was always available if there was a problem. It was my usual practice to sign the copy of the post-mortem report that went to the Coroner myself. I do not know if I did so in this case.

4. Paragraph 105. I cannot comment on the remarks attributed to Mr Mike Cross, Coroner's Officer, except to say that when I phoned the Coroner himself on Monday 10th June 1996 he confirmed that retention of hearts in cardiac surgical cases under his jurisdiction was appropriate.
5. Paragraph 106. *"All that Professor Berry said, on a number of occasions at the meeting, was that it was for the benefit of medical research."* While I certainly mentioned that hearts that had been legally retained for diagnosis could eventually be of value for medical research, this was certainly not all that I said. Mrs Rickard and I may have a different understanding of what is meant by "research". Hearts were used for clinico-pathological review and audit to learn from each case for the benefit of other children, but this does not constitute research as understood by me.
6. Paragraph 107. *"He was very apologetic and did appear to be concerned at my distress, although I cannot say if he understood my outrage."* I was certainly concerned at Mrs Rickard's distress and I am grateful to her for acknowledging this. While I was able to understand some of her outrage, it is probably not possible for someone who has not been through the experience to fully understand the feelings of a bereaved parent. Nevertheless, I did my best.
7. At the second meeting on 8th May, Mrs Rickard was accompanied by Mrs Maria Shortis who took part in the discussion. At the beginning of the meeting, either myself or Mr Barrington sought an understanding that we were there to discuss Samantha's case and could not be drawn into details about other cases. It was for this reason, and because I did not have the information, that I did not answer Mrs Rickard's question about how many hearts we had in our possession (Paragraph 109).
8. Paragraph 106. I have dealt with the issue of responsibility for the retention of Samantha's heart in my paragraph 3, above.
9. Mrs Rickard asked to see Samantha's heart. I prepared her for what she was going to see, and then demonstrated the main abnormalities, including the surgery and a narrowing of the left ventricular outflow tract, which might have contributed to Samantha's death.
10. Paragraph 110. I was surprised when Mrs Rickard asked for Samantha's heart back, as the issue had not been raised previously. I had never been asked for an organ back before, and it raised a series of questions in my mind as to who was responsible for the heart, the law concerning release of tissue to individuals, any responsibility I might have had for ensuring that the heart was disposed of in a proper manner, issues of health and safety, and how I could package the heart appropriately. I would have preferred to have been able to look into these questions before returning the heart. At that time I believed that the Coroner might have some residual responsibility for or interest in tissue retained with his authority. For this reason I wanted to clarify the

matter with him before releasing the heart. I was surprised when Mrs Rickard produced a letter from the Coroner's officer allowing me to release the heart. I packaged the heart as best I could for her to take away. Mrs Rickard told me that she was going to bury it.

11. Paragraph 111. "*Professor Berry was interviewed by the BBC immediately after I left the meeting with the heart.*" When Mrs Rickard left the hospital with Samantha's heart she was filmed by a BBC television crew and, I believe, gave a short interview. I saw this from Mr Barrington's office where I had gone to discuss our meeting. I had returned to my duties in my office when I received a telephone call from Mr Barrington asking if I would undertake an interview with the same BBC television journalist. Prior to the interview I made it clear to the journalist that I could not discuss Samantha's case and would only accept general questions on the issue of organ retention.
12. "*He contradicted what he had told me*" Both Mrs Shortis and Mrs Rickard wrote to me after our second meeting, and I have already disclosed both letters to the Inquiry team as I was required to do (I rely on the Inquiry team to preserve confidentiality). Mrs Rickard felt that there was a contradiction between what I had said to her, and what I said during the interview. I was not aware that there was any contradiction, and I hope that I explained my position in my letter to her and in my paragraph [2] above.
13. Paragraph 112. "*I was given no opportunity of making any decision as to Samantha's heart. I was not informed or consulted about the retention of Samantha's heart.*" I expressed my regret to Mrs Rickard at both of our meetings. I also said that there was discussion beginning at a national level about the issue of consent to organ retention in paediatric post-mortems and that I hoped to be able to take this forward. I think it was these meetings with Mrs Rickard which further persuaded me that what had generally been considered acceptable and good practice needed very careful review. I have detailed the steps that I took locally and nationally in my main statement.
14. Paragraph 116. Mrs Rickard describes a meeting on 4th February 1999 at which "*it was said that from 1984-1995 the hospital had retained 179 hearts*". I believe that the period to which the figure referred was 1985-1995. This figure was given to Mr Ross by me in good faith as my best estimate at a time when I was still going through our records.

File Note

re: Helen Rickard, Mother of Samantha Rickard

I was contacted by Mr Ian Barrington on or around the 15th April 1996 following a query he had received from Mrs Rickard about the postmortem examination of her daughter Samantha, and the question of retention of tissue.

At 2.30pm on the 16th April, I met Mrs Rickard in Mr Barrington's presence to discuss the postmortem examination with her.

I confirmed that the examination was carried out by Dr K Denton, Senior Registrar in Paediatric Pathology under my supervision. I explained the major postmortem findings and that there had been a number of problems including narrowing of the outflow of the left ventricle.

Mrs Rickard asked me why the heart had been retained? I explained the difference between hospital post-mortems undertaken with parental consent, and post-mortems carried out at the direction of H.M. Coroner, which do not involve parental consent. I stressed that when carrying out the latter examinations, I am independent of the UBHT and answerable to the Coroner. I also stressed that because I did not have parental consent I regarded these examinations as a particular responsibility which I try to carry out to the highest standards within the resources available.

I explained that Samantha's heart was retained for a number of reasons.

1. My understanding of the Coroner's rules, is that I am obliged to retain such tissues as may have a bearing on the cause of death.
2. I am required to retain tissues if there is a likelihood of legal action, although there was no particular reason to anticipate this in Samantha's case.
3. It was our practice to meet the paediatric cardiologists, cardiac surgeons, radiologists and anaesthetists on a regular basis to review unsuccessful cases including the postmortem findings with a view to applying any lessons learnt to future patients care.

Mrs Rickard asked why I still retained the heart. I replied that this was so that it would still be available should any question arise, and so that others might learn and benefit from Samantha's heart. From speaking to parents (mainly those who have suffered a cot death) I have learned that most parents feel that if their child has had a PM, then if we can use the opportunity to help others, we should do so.

Mrs Rickard asked if she could see her child's heart. I replied that this was an unusual request, but that if she was sure that this was what she wanted to do then I would arrange it.

I apologised for any additional distress that I had caused by retaining the heart.

May 8th 1996

I met Mrs Rickard with Mr Barrington at 2.00pm to view Samantha's heart. She was accompanied by Mrs Maria Shortis, who she introduced as a friend. We had a lengthy discussion in the Seminar Room of the Department of Paediatric Pathology, at St Michael's Hospital and reiterated many of the points discussed above.

At the meeting on the 16th April, Mrs Rickard had asked me about a letter written by my Senior Registrar to Mr Wisheart shortly after the postmortem examination. At the time, I told her I thought it was a routine letter, but having seen the postmortem request form it had become clear that it was a direct reply to a question contained in it. I explained this to Mrs Rickard and apologised for any misunderstanding.

I briefly showed Mrs Rickard her daughter's heart, pointing out the surgery and the narrowing of the left ventricular outflow tract referred to in various letters and documents. I wore gloves and pointed out the potential toxicity of formalin.

Mrs Shortis and Mrs Rickard asked whose responsibility it was to inform parents that tissue would be retained. I replied that in Coroner's postmortems there was probably no requirement in law, but that I would expect the clinician who reported the case to the Coroner to explain to relatives that there would be a postmortem examination and what it entailed.

Mrs Rickard asked if she could take her daughter's heart with her for burial. I replied that I would need the Coroner's permission to release the heart. Mrs Rickard showed me a letter signed by one of the Coroner's officers giving me permission to release the heart.

I then arranged for the heart to be sealed in a labelled, heavy duty polythene bag with a small amount of formalin and packed in a box surrounded by absorbent padding. Mrs Rickard asked for the preservative. I explained to her how the heart was packed.

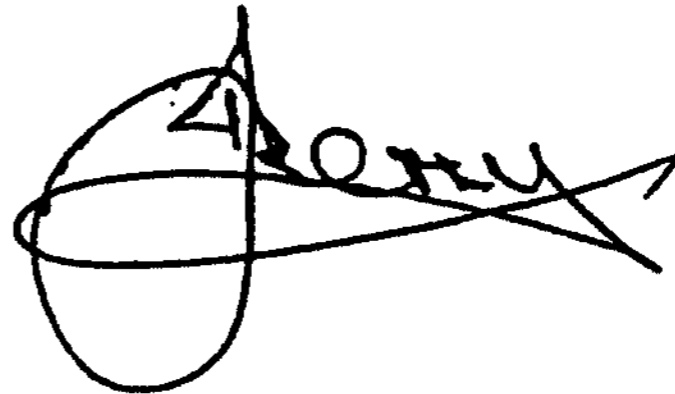
I again apologised for any additional distress that had been caused by retention of Samantha's heart.

As I left St Michael's Hospital with Mr Barrington we saw a T.V. crew filming Mrs Rickard leaving the hospital. Following this I gave a brief interview to the BBC on the retention of tissue in general, but declined to comment on this particular case.

I have since received a letter from Mrs Shortis thanking me for what she said was a helpful interview. I have also received a letter from Mrs Rickard seeking clarification of an apparent discrepancy between our discussions and the subsequent television interview.

Postscript

On Monday 10th June I spoke to H.M. Coroner who confirmed that retention of the heart from cardiac surgical cases is appropriate, but that his responsibility for the tissue ceases once he has completed his investigation.

A handwritten signature in black ink, appearing to be 'A. O. R. U.' with a large, stylized initial 'A' on the left and a horizontal line extending to the right.