

**THE BRISTOL ROYAL INFIRMARY PUBLIC INQUIRY****WITNESS STATEMENT**

DONALD HAWKINS, Barrister of Ashford, Kent WILL SAY:

1. The contents of my statement are limited to matters within the terms of reference of the Inquiry and are further limited to the extent of my memory.
2. In preparing this statement I have had the opportunity to look at the statements of the following: - Michael Ashworth (WIT 0215); Peter Berry (WIT 0204); Paul Forrest (WIT 0308); Professor Michael Green (WIT 0210); Robert Clifford (WIT 0043); Michael Burgess (WIT 0039); Professor Frederick Walker (WIT 0129); Professor Roderick MacSween (WIT 0054).
3. I was appointed Deputy Coroner for the County of Avon when that body came into existence in 1974. I was appointed Coroner in February 1978 effective from April 1978. I was on sick leave from December 1991 until I retired in April 1992.
4. When I commenced sick leave in December 1991 the present Coroner, Paul Forrest who was my deputy, acted as Coroner in my place and after my retirement he was subsequently appointed to the post.
5. When I first became Deputy Coroner and whilst Professor Epstein was in office at Bristol University, the mortuary at the BRI was unavailable for use in Coroner's cases. Post mortem examinations for the Coroner after deaths in the BRI were carried out at the City Mortuary. I cannot remember whether the bodies of children dying at the BRI were taken to the Children's Hospital for post-mortem examination rather than to the City Mortuary.

6. Before the appointment of Professor Berry as Consultant (which I note from his statement took place in 1983), children's post mortem examinations were usually carried out by Dr Norman Brown or by Dr Burton, if she were available. Otherwise such post mortem examinations were carried out by the pathologist on the rota for the day.
7. After the appointment of Dr Berry children's post mortems were carried out by him at the Children's Hospital.
8. When I became Deputy Coroner, forms for use by the pathologist to record his findings at post mortem were provided by the Coroner. I do not remember how the design originated but I think that the form was taken from an Appendix to the Coroners' Rules in force in the 1960s. A similar form appears as Schedule 2 to the Coroners' Rules 1984 – see Mr Clifford's statement at WIT 0043 0061.
9. On the form there is a specific box in which the pathologist noted if further examination was to be carried out which might affect the cause of death. If the answer to the question "Is any further laboratory examination to be made which may affect the cause of death" was in the affirmative I knew that histological specimens had been taken: otherwise I assumed that none had been taken.
10. During the period 1974 to 1991 I took the view that deaths following operations to correct medical conditions were deaths arising from natural causes and as such only referable to the coroner if the cause of death was unknown, or unknown without a hospital post mortem examination.
11. However, I did require to be notified of deaths that actually occurred on the operating table. When such a death was so referred and the cause of death was known and was natural I dealt with the matter by way of Form A without a post mortem examination.

12. I never specifically gave permission to a pathologist to take specimens for histology from a post mortem after a death in the BRI of a child following cardiac surgery, so far as I can remember, but it was inherent in the wording of the form which I supplied that the pathologist was authorised so to do to determine a precise cause of death.
13. The relatives of children who had died at the BRI following complex cardiac surgery and which death had been reported to the Coroner would, I assume, be advised by the staff at the BRI about the possibility of a post mortem examination. However, until such relatives contacted the Coroners' Office neither my officers nor I would have knowledge of their identity. It was not always the parents who would contact the office but sometimes other relatives and, no doubt because of the distressing circumstances, the contact was not always immediate and sometimes several days would pass after the death before the office was contacted.
14. I took the view that my first priority was to ensure that there should be as short a delay as possible after a death was reported to my office before the body could be released to the relatives and funeral arrangements made. Consequently, I never delayed a post mortem examination because relatives had not been in contact. Generally speaking, if my office became aware of the case first thing in the morning then the post mortem examination would be carried out the same day. If we were made aware of the case later in the day then the post mortem was carried out on the next weekday morning.
15. When relatives of a child contacted my office they were told that a post mortem examination was necessary (if that was the case) and had either been carried out or would be carried out the next working day. No mention would be made of the possibility of retention of tissue and/or organs because until I received the pathologist's report I would not be aware that histology might be necessary.

16. I was not aware in the cases of deaths within the terms of reference of this Inquiry that in any specific case organs (as distinct from histological specimens) would be retained by a pathologist carrying out a post mortem examination for me.
17. In reading Mr Clifford's statement (WIT 0043 0001 – 0011) I am reminded of the issue of Home Office Newsletter No.11 of August 1989 (WIT 0043 0153) and in particular paragraph 12 which states:- "Post mortem examinations – We still receive representations from MPs and members of the public about the fact of post mortem examinations or their extent. Invariably our reply is that post mortem examinations are required only to establish the precise cause of death, that they are not requested or granted gratuitously and are limited in extent to that necessary for the purpose. You will wish to remind your pathologists that Ministers are concerned that tissue and organs should not be taken for teaching or research purposes from Coroners' post mortem examination cases".
18. I recall that when I saw this Newsletter I wrote to each pathologist who carried out post mortem examinations for me, informing them of the terms of the Newsletter although I had no knowledge that such course of action was being taken by pathologists who were working within my jurisdiction.
19. I do not have a copy of my letter but it may be possible that a copy will be on the relevant files held by the present Coroner or with the pathologists.
20. I never personally discussed with the pathologists the period for which he/she should preserve material taken for the purpose of a post mortem examination.
21. I do not believe that I was ever aware of the precise nature of actual materials taken by the pathologists for histological examination, which might effect the cause of death in cases within the subject matter of the Inquiry. My personal experience of materials taken by pathologists relate to matters outside the scope of the Inquiry. They involve seeing slides of material taken for microscopic examination and (from

attending special post mortem examinations by Home Office Pathologists in possible criminal cases) seeing organs which were taken for subsequent examination which might be required for examination by a pathologist acting for a hypothetical defendant. Also, after post-mortems on pneumoconiosis patients the lungs were removed and sent to the Pneumoconiosis Medical Panel.

22. My recollection is that until I received the Newsletter in 1989 my assumption was that materials would only be taken to assist in identifying the cause of death where there was some doubt and not for any teaching or research purpose. Post 1989 I became aware of the possibility of material being taken for other purposes only insofar as some incident or cause for concern must have given rise to the Home Office Newsletter and I dealt with the matter by writing to all my pathologists. My recollection is that I received no reply to my letter, although I may have discussed it in casual conversations with various pathologists.

*Donald Hawkins*

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Donald Hawkins

*19 October 1999*

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Date