

Tighter control on GPs to follow doctor's murder convictions

Clare Dyer *legal correspondent, BMJ*

Tighter controls on the way that GPs practise are certain to follow the conviction this week of Dr Harold Shipman, the most prolific serial killer in British criminal history. The health secretary, Alan Milburn, announced an inquiry into failures in the system that allowed the 54 year old doctor to murder his patients at will.

The Greater Manchester family doctor will die in prison after receiving 15 life sentences for murdering 15 of his middle aged and elderly women patients by lethal injections of diamorphine.

Police have sent dossiers on a further 23 deaths to the Crown Prosecution Service and believe he may have killed as many as 150 patients during his 30 year career.

His motive for wreaking mass murder on his patients was as mysterious at the end of the lengthy trial as it was at the beginning. The prosecution postulated that he enjoyed exercising the ultimate power of life and death.

Dr Shipman stood to gain financially from only one of the deaths, that of 81 year old Kathleen Grundy. It was his clumsy attempt to forge her will, making

himself the sole beneficiary of her £386 000 (\$617 000) estate, that eventually led to his discovery.

Together with the Bristol children's heart surgery debacle, the Shipman case has shaken public confidence in the medical profession and is likely to lead to widespread reform.

Changes expected to follow include closer monitoring of GPs—particularly singlehanded practitioners—by health authorities; greater controls to prevent the stockpiling of drugs (Dr Shipman had enough diamorphine to kill 1500 patients); more stringent requirements on GPs who countersign other doctors' cremation certificates; and wider powers for coroners.

New duties may be placed on the General Medical Council to pass on information about doctors who come before it. West Pennine Health Authority, which covers Hyde, where Dr Shipman practised, was unaware that he had been addicted to pethidine and had a 1976 conviction for forging prescriptions for the drug. He was allowed to rehabilitate himself, and he returned to private practice after



With tighter controls, would Dr Harold Shipman have been able to kill these women?

working in community health.

The GMC said that it had received no information to suggest any misuse of drugs by Dr Shipman between 1976 and his arrest in 1998. There were complaints about three separate incidents, but none suggested a

fundamental problem in the GP's practice.

The GMC's president, Sir Donald Irvine, said: "We will work with NHS management and others to ensure that lessons are learned from this tragic case." (See p 329.) □

Earlier inquiry found no evidence of criminal activity

Gavin Yamey *BMJ*

An inquiry in March 1998 by West Pennine Health Authority and the Greater Manchester Police failed to find any evidence of criminal behaviour by Dr Harold Shipman, and he went on to kill three more of his patients. The health authority has sus-

pending its medical adviser, Dr Alan Banks, who was responsible for examining patients' records during the inquiry.

Dr Linda Reynolds, a GP at the Brooke Surgery, opposite Dr Shipman's practice in Hyde, Cheshire, became concerned in 1998 about the unusually high death rates of his patients.

She approached the coroner for Tameside, Mr John Pollard, who asked the Greater Manchester Police to launch an inquiry.

The detective inspector in charge of the inquiry met with the health authority's consumer affairs department. The department believed that Dr Banks

would be the most suitable person to examine Dr Shipman's conduct.

Dr Banks inspected 15 sets of patients' notes from Dr Shipman's surgery. He wished to look at a further five sets but was unable to obtain them. The inspected notes were later found to have been fraudulently altered by Dr Shipman.

Dr Banks found no evidence to corroborate Dr Reynolds's concerns, and the inquiry was closed. Dr Reynolds was told that, although the death rate was higher in Dr Shipman's practice than in hers, these variations were acceptable given the popu-

lation differences between the two surgeries.

The police have been widely criticised for failing to interview relatives of Dr Shipman's patients as part of the 1998 inquiry or to check whether he had a criminal or General Medical Council record.

Commenting on Dr Banks's suspension, David Common, the chief executive of West Pennine Health Authority, said: "Suspension is purely a neutral act and does not in any way imply wrongdoing." □

BMA reaction in News Extra at www.bmj.com