

**CONTROLLED DRUGS AND HAROLD SHIPMAN – WHAT HE  
DID, WHY HE DID IT, AND IMPACT ON PRACTICE TODAY**

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# MURDER BY HEALTHCARE PROFESSIONALS

## LEEDS

Colin Norris – convicted of 4 murders 2008

**HYDE** – Harold Shipman – convicted of 15 murders 2001

**STOCKPORT** 2011/12

???

## WORKSOP

Beverly Allitt – convicted of 4 murders 1993



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# MURDER BY HEALTHCARE PROFESSIONALS

*Serial murder by healthcare professionals (2006) Yorker BC et al  
J Forensic Sci 51(6) 1362-71*

**Excludes Nazi doctors, Radovan Karovic**

**90 criminal prosecutions worldwide 1970 – 2006, 54 convicted of 317 deaths; additional 2113 suspicious deaths.**

**86% nurses**

**Doctors: Joseph Michael Swango      1970 USA : 2000      Zimbabwe**

**2 x male doctors A&E 2004 Lodz charged with 5 deaths to receive funeral payments. Up to 5000 deaths suspected.**

**Shipman**



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# MURDER BY HEALTH CARE PROFESSIONALS

## COMMON THEMES:-

1. Nurses and males disproportionately represented
2. Climate of disbelief
3. Lax selection procedures
4. Several murders before stopped



**Harold “Fred” Shipman murdered 218 (? 263) of his patients over a 27 year period, starting as a medical house officer. They died by i.v. injection of strong analgesics/ diamorphine. The mean age of his established victims was 75; most were healthy at the time of death; 80% were women.**

**Why did he do it?**

**How did he get away with it?**



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# STRUCTURE OF THIS TALK

1. In context; literature on murder by healthcare professionals
2. The Shipman Inquiry
3. **SHIPMANS LIFE: Childhood background / Medical Career / Family and Marital History / Forensic History / Psychiatric History / History of Drug Misuse**
4. Modus operandi
5. How he was finally caught
6. Relationships with patients / peers / health care professionals
7. **PAUSE FOR CLARIFICATION ? QUESTIONS**
8. Expert opinions
9. **FORMULATION : WHY HE DID IT**

**COMFORT BREAK**

**10. DISCUSSION OF CONTROLLED DRUGS / IMPACT OF SHIPMAN**



## OTHER INTERESTING QUESTIONS

- **Was he mentally ill?**
- **How has he effected trust in relationships with patients?**
- **Was the governmental / managerial response proportionate?**
- **Could it happen again?**
- **How has Shipman affected attitudes towards opiate prescribing?**



# IN PRAISE OF THE SINGLE CASE STUDY

**Versus E.B.M. / meta-analyses.**

**Tradition in Psychiatric enquiry.**

**Educational not salacious.**



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## SOURCES OF INFORMATION

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# SHIPMAN INQUIRY

**2001 – 2005. Dame Janet Smith**

## **6 Reports**

**1<sup>st</sup> Analysis of deaths**

**2<sup>nd</sup> The Police inquiry 1996-7**

**3<sup>rd</sup> Death Certification / Coroners**

**4<sup>th</sup> Controlled Drugs**

**5<sup>th</sup> GMC : Revalidation**

**6<sup>th</sup> Pontefract Deaths (Sandra Whitehead)**



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# SHIPMAN'S LIFE AND CRIMES



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# CHILDHOOD BACKGROUND

**FTND 1947**

**Born and brought up on Edwards Lane Estate, Sherwood**

**Father lorry driver**

**Favourite son : aspirational, pictured wearing bow tie**

## **School**

**Passed 11- Plus (sister and brother didn't)**

**High Pavement School**

**Hardworking "plodder" : 'C' stream**

**(L) handed, ? Mildly dyslexic (P102)**

**No trouble; "quiet, outsider, secretive"**

**Good at sport**

**Mother developed lung cancer (aged 16)**

**5 GCEs**

**Mother died (aged 17)**



# FAMILY HISTORY

**FATHER - HAROLD**  
(+1985, age 70)

**MOTHER - VERA**  
(+1963, Ca Lung, age 43)

**Pauline age 73**

**Clive age 60**

**HAROLD**  
(+ 2004, age 59)

**1967 PRIMROSE age 61**

**Sarah**  
age 46

**Christopher**  
age 41

**David**  
age 33

**Sam**  
age 30

**No family history of mental disorder.**



# MEDICAL CAREER

<b>1964</b>	<b>3 A-levels (retakes)</b>	
<b>1965 – 1970</b>	<b>Leeds Medical School MBChB</b>	
<b>1970 – 1974</b>	<b>Pontefract GI</b>	
	<b>6/12 HS</b>	
	<b>6/12 HP</b>	} <b>3 unlawful killings</b> <b>3 significant suspicion</b> <b>18 some suspicion</b>
	<b>6/12 Paediatrics SHO</b>	
	<b>6/12 Medicine SHO</b>	
	<b>3/12 Paediatrics Registrar</b>	
	<b>6/12 O&amp;G SHO</b>	
<b>1974 – 1975</b>	<b>General Practice, Todmorden</b>	<b>1 unlawful killing</b> <b>8 suspicious deaths</b> <b>(3 in 1 day)</b>



## MEDICAL CAREER (cont'd....)

<b>1975 – 1977</b>	<b>The Retreat Trial Clinical Medical Officer, Newton Aycliffe.</b>	
<b>1977 – 1991</b>	<b>Donneybrook H/C, Hyde</b>	<b>72 unlawful killings 33 suspicious deaths</b>
<b>1991 – 1998</b>	<b>The Surgery, Hyde</b>	<b>136 unlawful killings 8 suspicious deaths</b>



## FORENSIC HISTORY

**November 1975** Todmorden partners called Police re Pethidine misuse. Interviewed by Police in The Retreat re drug abuse, admitted using 600-700 mg/day for 18 months. “Started taking it when depressed as not getting on with other partners in the practice”. Up to 14 injections/day (already killed 4/31). 30,000mg ordered for “practice use”.

**February 1976** Halifax Magistrates Court – charged with 8 offences:

3 obtaining controlled drugs by deception

3 unlawful possession controlled drugs

2 forging declarations of exemptions for prescription charges

Pleaded guilty and asked for 74 more offences to be taken into consideration. Fined £657.78 + ordered to pay £58.78 compensation to NHS (allowed to pay £50/month).

**GMC : Caution; agreed not to work in General Practice again.**





## FORENSIC HISTORY (cont'd....)

**January 2000 Preston Crown Court 15 life sentences for murder and 4 years for forgery of Emily Grundy Will.**



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# PSYCHIATRIC HISTORY

- 1975**      **Blackouts/Seizures – admitted Halifax RI, Pethidine withdrawal.  
3/12 in The Retreat, voluntary patient  
Placed on suicide watch initially  
Treated for depression (? how)  
Appearance of collapsed veins “consistent with 5 years of i.v.  
injections”.**
- 1999**      **Treated with antidepressant when on remand  
Refused to allow his defence solicitor to utilise a ‘psychiatric  
defence’  
Refused to be interviewed for psychiatric reports.**
- 2001/4**    **Franklands Prison, suicide watch 4 x  
1 unsuccessful attempt at hanging**
- 27/3/01**    **“I’m looking at dying, the only question is when and can I hide  
it from everyone”.**
- 18/1/04**    **Died by hanging Wakefield Prison**



# MODUS OPERANDI

**Central to any Police investigation of serial killing.**

**First murder held to be highly significant psychologically.**



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# MODUS OPERANDI – PATTERN OF MURDERS IN PONTEFRACT

**Shipman signed 76 death certificates in his 6 months as Medical SHO  
47% of these 6pm – midnight**

**Recorded himself as present at death on 33% of cremation forms  
(average 1.6%)**

**Dame Janet Smith sixth report :**

“I think he might well have killed patients in the late evening in order to avoid being called out in the middle of the night... patients who would soon die but were occupying beds urgently needed... he might well have killed because he was annoyed with a patient or regarded him/her as in some way ‘unworthy’.”



# **MODUS OPERANDI – PATTERN OF MURDERS IN TODMORDEN**

**Three murders established – in patients homes**

**Out of control with his own Pethidine use**

**Likely first use of Diamorphine to murder**

**Perfected technique of murder by injection.**



# MODUS OPERANDI - PATTERN OF MURDERS IN HYDE

**Tableau vivant**

**Winter months**

**Clusters – 3/day, gap of several months**

**0 deaths in 1991**

**Resistance, then binges**

**Availability of Diamorphine**

**Near misses**

**Lies and callousness to bereaved : Cremation**

**Trinkets : Pawnbroker in Sheffield**



## MODUS OPERANDI (in HYDE)

### UNLAWFUL KILLING(UK) & SUSPICIOUS DEATHS(SD)

	<u>UK</u>	<u>SD</u>		<u>UK</u>	<u>SD</u>
1977	0	0	1988	11	4
1978	4	5	1989	12	0
1979	2	4	1990	2	0
1980	1	0	1991	0	0
1981	2	4	1992	1	1
1982	0	4	1993	16	1
1983	2	1	1994	11	2
1984	9	4	1995	30	1
1985	11	4	1996	30	1
1986	8	2	1997	37	2
1987	8	1	1998	17	0



# HOW HE WAS FINALLY CAUGHT

**Botched Police Investigation 1996/7.**

**Net closing in.**

**Retiring to France?**

**Crude forgery of Emily Grundy Will (typed on surgery typewriter):**

*“...ALL MY ESTATE, MONEY AND HOUSE TO MY DOCTOR. MY FAMILY ARE NOT IN NEED AND I WANT TO REWARD HIM FOR ALL THE CARE HE HAS GIVEN ME AND THE PEOPLE OF HYDE. HE IS SENSIBLE ENOUGH TO HANDLE ANY PROBLEMS THIS MAY GIVE HIM.”*



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## HOW HE WAS FINALLY CAUGHT

**Post-mortems showed morphine traces.**

**Falsified medical records (deletions and additions evident on hard drive).**

**12 exhumations: all showed morphine.**



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# RELATIONSHIPS

**With patients.**

**With Primary Care staff.**

**With other GPs.**

**With Pharmacists.**

**With his Family (Hyde and Nottingham).**



# PAUSE FOR CLARIFICATION ? QUESTIONS



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# EXPERT OPINIONS REGARDING HIS PERSONALITY

**Dr Richard Badcock, saw Shipman on behalf of Police during interviews,** commented about issues of control.

## **Smith Inquiry : 4 Forensic Psychiatrists from Institute of Psychiatry:**

“Likely Asperger’s Syndrome”

“Rigid and obsessive personality... isolated...difficulty expressing emotions. His arrogance and over-confidence were almost certainly a mask for poor self-esteem. He was probably angry, deeply unhappy and chronically depressed...a deep seated need to control people and events”.

“By 1997 and 1998, addicted to killing, needed more and more opportunities to feed the addiction”.

“Forgery of Will to draw attention to himself and be stopped...Tension between his drive to kill and need to stop”.

“Convinced himself of innocence”.



# EXPERT OPINIONS REGARDING HIS PERSONALITY (cont'd...)

**Some features of narcissistic personality disorder, paranoid personality disorder, and complex psychopathic disorder.**

**Cleckley (1941) described psychopaths:**

“charming, callous, superficial, lack of conscience or general emotion, camouflaged by a mask of a healthy functional individual. Associated with criminal activity : resistant to treatment or rehabilitation”.



## WHY DID HE DO IT : A FORMULATION

**Shipman had some features of Asperger's syndrome. He had a personality disorder : narcissistic and psychopathic. His formative experience, his mothers death, perceived inferiority at Medical School, and early drug misuse lead him to have a secret internal life.**

**He experimented with iv injections when inadequately supervised as a young doctor at Pontefract, and murdered his first patients. His personal iv pethidine abuse was highly relevant : when this was discovered at Todmorden his world was threatened and he became clinically depressed.**

**He subsequently subsumed his addictive desire to inject himself, and injected others instead, fatally. He literally became addicted to murder. He resisted his impulses but would then succumb depending partly on availability of diamorphine. He got away with it partly because of his persona and arrogance, but also due to incredible laxity of monitoring controlled drugs in Primary Care.**



# FINALLY – HOW TO PREVENT ANOTHER SHIPMAN

1. Do not select people with personality disorder in to health care.
2. Supervise and support trainees at the start of their career (multi source feedback/ 360° Appraisal)
3. Have zero tolerance of substance misuse amongst healthcare staff.

**We must all be watchful.**



# DISCUSSION : HOW HAS SHIPMAN IMPACTED ON OUR CURRENT USE OF CONTROLLED DRUGS?

**Dame Janet Smith saw things in black and white:**

“The law is clear. If a doctor gives an overdose of an Opiate drug, intending thereby to end the patients life, that is murder, even though the patient might have died naturally within a very short time”



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