



G122 Pressure Sores In England: Comparing the Investigation of Two Cases

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After attending this presentation, attendees will be better informed about how potential neglect cases are investigated in England and the interactions between coroners, pathologists and law enforcement in such cases, as well as the way British pathologists interpret pressure damage.

This presentation will impact the forensic science community by stimulating discussion over the responsibilities of carers for frail and vulnerable people and the differences in how the law views the development of pressure ulceration in different jurisdictions.

With the general increase in the number of elderly people in modern society, the care and support given to vulnerable and unwell older people is becoming an increasingly significant social issue. This is particularly true in the setting of care homes, where companies often receive large sums of money from both government agencies and private funds. The development of pressure ulceration in immobile individuals who are in a care setting will almost always lead to an investigation by various authorities, and communication between the various bodies may occasionally be limited.

In England, such cases fall under the legal jurisdiction of Her Majesty's Coroner who, because of the possibility of neglect, will usually instruct a pathologist to perform an autopsy. A subjective opinion will be formed as to whether the case is one where criminal charges may arise or not, and this will influence the extent and nature of the subsequent investigations, and different coroners may approach the cases in very different ways.

Here, are presented the very different investigations of two cases of vulnerable elderly people with significant pressure sores and some of the complexities arising from the distinction between "suspicious" and "non-suspicious" deaths are explored.

The first case is of an elderly female who was in poor health who lived in a residential home but who, like many similar patients, spent prolonged periods in different hospitals. After her ultimate death, concerns were expressed about the fact that she had developed pressure sores, but it became difficult to identify exactly when, and therefore where these had begun. The coronial investigation focused on who had been responsible for their development and where they had occurred, as well as whether they had contributed to the patient's ultimate demise.

The second case also concerns a frail elderly person, but in contrast she was being cared for by a relative and had not been seen outside the house in which she lived for a long time. She was taken to hospital by her daughter, but on her arrival the medical staff found her to be already deceased. An initial examination revealed very severe pressure damage (certainly the worst this pathologist has ever seen) and she was referred for autopsy. As the relative was the sole caregiver, she was interviewed by the police and an investigation into the possibility of this case representing one of gross negligent manslaughter was begun and the death treated as a suspicious one. The relative was found to be of sound mind, and her defense was that the deceased "didn't like hospitals" and that the carer preferred to treat the pressure sores by "natural means." **Pressure Sores, Elderly Patients, Neglect**