THE TOX LAB

Podcast Transcript

Episode 21: Harold Shipman - Dr Jekyll of Hyde

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TRANSCRIPT

Hi everyone, welcome back to the Tox Lab. I'm Rebecca. Hi, I'm Rob. This week we're going to be doing something a little bit different.

I think it's fair to say that Rebecca has wanted to take this podcast in a bit of a true crime direction. I'm really excited that we're covering this. So this week we're going to be looking at one of Britain's most prolific serial killers and taking a bit of a dive into the toxicology and also the changes that this case led to in terms of death investigation in the UK. I am of course talking about the case of Harold Shipman.

So Rebecca, why don't you introduce us to the subject? Harold Shipman was born on 14 January 1946 in Nottingham. In his early childhood he was a great sportsman, was really good at rugby, was very academic and stayed on in school and was accepted into Leeds University to study medicine in 1964. Just before this, in 1963, Shipman's mother Vera was suffering with lung cancer.

As she was dying she was receiving daily morphine injections to alleviate her pain. For these sorts of injections a third party is often needed to be present and he was often around to witness these injections, and he was impressed by how quickly and effectively these morphine injections were relieving her pain. Another factor in Shipman's childhood that may have influenced the story we're going to cover today was the case of John Bodkin Adams. He was a GP who was caring for rich widows in Eastbourne and was getting added as the beneficiary of their wills and then subsequently ending their lives with morphine or diamorphine.

And this case was hitting the news right around the time that Shipman was kind of growing up, so it may have played a role in what happens later. So a couple of years into Shipman starting to study medicine at the University of Leeds he got his girlfriend pregnant and had his first child in 1967, and three months before this he got married. In 1970 he graduated and was provisionally registered with the GMC pending completion of his year-long hospital rotation, which required six months to be a surgical rotation, and he completed this at the Pontefract General Infirmary in Leeds.

He stayed on working at this hospital for two and a half years, completing diplomas in obstetrics and gynaecology and in child health, and qualified as a senior houseman, which I think equates to like a foundation level two doctor nowadays. Yeah, that's right. I think a foundation year two doctor is the sort of equivalent. And in 1974, at the age of 28, he moved into general practice and took a temporary post at the Abraham Ormerod Medical Centre in Todmorden, West Yorkshire. He and his wife bought a really nice semi-detached home for their growing family and he became an active member of the community.

I think he was also on the committee for restoring a canal or something. He was very involved in his community and serving his community. However, during this time no one knew that he had a really dark secret: he was becoming addicted to pethidine. So all in all, thus far, a fairly unremarkable life.

Fairly normal, well educated, well liked by all accounts. Perhaps some possible triggers in the past, but actually nothing really that many people don't experience. It's very true. So pethidine.

So pethidine is a synthetic opioid that's often favoured as the analgesic of choice in labour and delivery and, interestingly, in diverticulitis treatment. It's also used to help manage the shivering during therapeutic hypothermia, which I thought was quite interesting. Pethidine's an opioid drug not often seen these days. As you say, it is used in labour as an analgesic and occasionally you do still see it in patients who, as you say, have got kind of gut things going on.

It can decrease intestinal intraluminal pressure and I think it was also believed that it doesn't lead to spasm of the sphincter of Oddi, which is the little sphincter at the end of the biliary system. So traditional opiates like morphine can actually exacerbate gallstone pain whereas pethidine doesn't, although I'm not sure how good the evidence is for this. So how was he obtaining this pethidine?

It seems to be that he was over-prescribing it to his patients and would go and pick up prescriptions personally and keep the excess for his own personal use. In June 1975 his over-prescribing started attracting attention and he eventually admitted his addiction to his colleagues after a receptionist who was working with the practice notified another doctor because she had been shown the enormous quantities he was prescribing by the local pharmacist. Interestingly, the GPs at his practice refused to cover for him and he resigned and removed himself from the register of GPs and was admitted to a private clinic for treatment.

During this time it was found that he had been using as much as 600 milligrams of pethidine a day for at least five years and this had caused the veins in his thighs to collapse where he'd been injecting it. So quite a serious opioid habit at that point. I guess it had probably started off small and grown bigger and bigger. Six hundred milligrams a day is quite a lot, certainly a lot more than the BNF recommends.

This kind of shows the effect of tolerance, doesn't it, that a dose of pethidine that might be analgesic in somebody who's opioid-naive, in somebody who's a regular user they can just tolerate higher and higher doses and there doesn't really seem to be any real ceiling effect to this. I once encountered a patient who was taking over a gram of fentanyl a day, more than enough to kill many, many people. And what was interesting is that prior to this no one really had any idea this was going on. He received glowing reports of his work as a GP.

The only slightly unusual behaviour was that they often found him passed out, sometimes even in his surgery, but he was claiming this to be some form of epilepsy to kind of cover his tracks a little bit. After his treatment he pled guilty to three offences of obtaining pethidine for personal use and forging prescriptions. It transpired that he'd stolen a total of 70,000 milligrams of pethidine and was fined 600 pounds, and he lost his job as a GP and was moved to a desk job at the Newton Aycliffe Health Centre in Durham.

A couple of years later, in 1977, he applied to a GP position at Donneybrook Medical Practice in Hyde and I was quite surprised that, after having convictions for forging prescriptions and taking drugs for personal use, he was allowed to continue practising as a GP. That does seem very surprising but I guess that's the power of hindsight, isn't it? And to be fair, people deserve a second chance, right? I suppose, and he had gone through treatment and was treated for his addiction, so after a six-month trial period in this position he was made a permanent GP at the practice.

He quickly gained a reputation for being a really hard worker, for being a great GP. He would go and visit patients in their homes, he would go and pick up their prescriptions for them and hand-deliver them, and he was a really valued member of his community. It was from this job in Hyde, working as a GP, that we now know a significant number of Shipman's patients died in circumstances perhaps less natural than they first appeared.

Yeah, it appeared that a lot of his patients, particularly elderly women who were living alone and seemingly completely healthy, who had just been visited by their GP for a normal check-up, cold or other minor ailments, were suddenly dying and it was all put down to natural causes. But as we now know, that really wasn't the case and it appeared that he was injecting his patients with diamorphine, generally a 30 milligram ampoule. So diamorphine is the pharmaceutical form of heroin and, gram for gram, about twice as potent as morphine.

It's an incredibly effective pain killer if used in situations which require it but, in this case, to an opioid-naive individual, quite a significant dose. Diamorphine very rapidly crosses the blood-brain barrier where it's converted to monoacetylmorphine and morphine, and morphine as we know is a very potent mu opioid agonist. This leads to analgesia but it also leads to loss of consciousness, respiratory depression and ultimately death.

And the motive of these murders isn't really clear. There didn't seem to be any sort of financial motive and it didn't seem to be any sort of benefit to him from carrying these out. He was averaging about a murder a month, sometimes multiple in a week. One notable period was Christmas 1984, but his murder rate would kind of drop off and pick back up again depending on what was going on. He only murdered one person in 1991 that we're aware of and two in 1990, and this might have been down to a close call involving a district nurse in 1989.

In this particular incident he had just murdered 85-year-old Joseph Boxon and had left the body in his home when a district nurse arrived to change a dressing on an ulcer on the patient's leg. She got herself in, found him dead in his chair, which is typical for Shipman: he'd often murder his patients and leave them sitting in their armchair as if they'd just fallen asleep. She rang the GP, as was obviously protocol, to come and attend the body, and he just managed to get away with not being there at the time the district nurse had turned up and discovered what had happened.

It's also known that he would try and manipulate body temperature as a way of giving himself a bit more of an alibi. So we kind of touched on this a couple of episodes back when we talked about post-mortem interval and how body temperature can be a marker of time of death. So in homes with patients who had gas fires he would often turn those on before he left so the bodies would stay warm and, when they were discovered, it would almost be like they'd only just passed away rather than maybe the day before when Shipman was there visiting them.

In June 1992 Harold Shipman decided to open up his own GP practice and the main reason behind this was that the practice he was working at, Donneybrook Medical Practice in Hyde, was going to become a group practice and therefore any doctor could visit any of the patients. There weren't set lists of patients that you'd look after and therefore his medical notes might come under scrutiny.

When his practice opened its doors he had 3,100 patients on his books and a long waiting list, and during this time the murders continued. Between 1993 and 1998 he killed 140 of his patients, averaging two a month, each time injecting them with a 30 milligram ampoule of diamorphine. He did start altering his technique and was injecting them intramuscularly to delay the victim's death and help provide him with an alibi. So even though it seemed like he was being able to carry out these murders uninterrupted, with no one suspecting a thing, there were three sets of people who did start to suspect that something might be going on with Shipman's patients.

So one of these individuals was the local taxi driver John Shaw. He had many regular customers who were Shipman's patients and they all spoke really highly of him, but they were just dying really unexpectedly, and he started kind of creating a list of all of his regulars that were passing away unexpectedly and had at least 20 names written down.

Another individual who thought something might be going on was the undertaker Alan Massey, who was often called to the victims' homes and was intrigued that most of the stories surrounding these deaths were quite similar: the individual was found dead unexpectedly in an armchair. And what intrigued me is that he'd even made a comment about this to Shipman himself, that it was just really strange how all of his patients seemed to be found dead in the same way, and Shipman invited him to have a look at all of his medical records for these patients, which just... In retrospect he was showboating, effectively, right?

Yeah, and Massey's partner Debbie had grown really concerned by this and on separate occasions took the cremation form to the Donneybrook surgery for a second signature and to make sure this was signed by a second person. So the way causes of death and death certificates were handled and managed at this point in time were a bit different from now.

A lot of the changes actually occurred as a result of the Shipman case and we can look at some of that next time, but at the time if somebody died in the community a GP who had seen the patient would fill in a death certificate form and a second GP was supposed to review the notes and actually carry out a physical examination of the patient. But I think in hindsight we know that actually often Shipman took the second form or got the second form from a colleague who really took his word for a lot of it.

Yeah, and I do know, I believe it was six GPs, who were pulled up by the GMC for doing this and not spotting the sort of pattern of behaviour of Shipman at the time. And a third individual who was suspicious of Shipman was Dr Linda Reynolds. She was a GP at the Donneybrook group and was kind of taking an interest in Shipman's death rate. So this particular GP group had three times as many patients as Shipman, yet Shipman had a death rate three times greater, and it transpired that a patient on Shipman's list had a tenfold higher chance of dying than any other patient at this GP practice.

Which definitely raises some red flags and some questions. It raises some questions, doesn't it, particularly with regard to statistics. I mean you often get statistics like this thrown around and it doesn't take account of the fact that two patient populations could be very different, for example, so it does need to be considered in context. But if you've got two GP practices with similar populations then you would probably expect the death rate to be similar. Yeah, they're both working in the same sort of area of Hyde, so yeah, the same sort of patient base I guess.

And on Tuesday 24 March 1998 Dr Reynolds was so concerned that she actually called the coroner's office to suggest that someone should investigate, and the coroner at the time, John Pollard, ended up contacting the police to see if this could be looked into.

And nothing really happened. There wasn't enough evidence at the time for the police to do anything or arrest Shipman for any of these murders and, because suspicion had grown and he'd become aware of it, he started changing his tactics again and was targeting individuals who were unlikely to be cremated and therefore a second signature wasn't required to register the death if it was just a burial. So he was trying to avoid the scrutiny of a second pair of eyes. Yeah, exactly.

So all in all, up to this point in his life, he had a fairly normal life, was fairly well liked, fairly well respected as a GP, and had some issues with pethidine in the past although, as we've said, was really given a second chance. Little did we know then, at the time, what was actually going on behind closed doors and indeed how many patients over all those years had actually been murdered at his hands. Yeah, it's quite remarkable how long he seemed to be able to operate for before even the slightest suspicion came about, before the police started looking into him and what was going on.

And even though there were people with suspicions, presumably all three of these people didn't know each other, so from their perspective they were one person with a concern and it's always tricky, isn't it, where there's no real evidence to back up what is essentially a feeling, even though in retrospect clearly we can see that they were all correct. Especially when you're bringing up such concerns about someone who's so well respected within the community and has glowing reports from all of his patients, it just makes it so much harder to raise these and kind of highlight your concerns to someone.

But also no one likes making comments about how other people have died, right? Yeah. These were people who had been given, for all intents and purposes, a natural cause of death. To suggest that actually they had been a victim of murder, you probably need quite a lot of evidence to want to say that sort of thing out loud, right?

Completely, that's definitely not the sort of comment that should be made lightly. So what happened next? In the summer of 1998 Shipman would go on to murder Kathleen Grundy and it would be this murder that would be the beginning of the end. So we're going to leave it here on a cliffhanger, is that what's happening?

Yeah, I'm going to hold you in suspense till next week. And next week we can chat about what actually happened, actually delve a bit more into the toxicology and the investigative side and also some of the law changes as well. Yeah, there's some really interesting points coming in the next episode. It gets good.

I hope you all have an amazing week and we'll see you next time. Bye!