THE TOX LAB

Podcast Transcript

Episode 22: Harold Shipman Part 2: Exhuming the Truth

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TRANSCRIPT

Welcome back to the Tox Lab. I'm Rebecca. I'm Rob. This week, we're continuing where we left off last week, looking at the case of Harold Shipman, one of the most prolific serial killers in the UK. So a very brief recap.

We touched on his early life, how he trained as a doctor, how he was a respected member of the community, how we think he started murdering his patients from as early as 1977. And we left it really on a cliffhanger, looking at the case of Kathleen Grundy. Rebecca, why don't you take us through this case? So in the summer of 1998, Shipman started thinking about his retirement plans, and he really wanted to retire early and retire to the South of France, which I'm sure is a dream of many people.

It'd be quite nice to live somewhere sunny, drink some cheap wine, eat some good food. The problem was that he didn't have the money to execute this plan. And this is where Kathleen Grundy comes in. So Kathleen Grundy was a very wealthy, but very active, 80-year-old.

Her husband had been the magistrate. They owned a really lovely house overlooking the hills, and Shipman thought she'd be the perfect target. So on 24 June 1998, Kathleen Grundy was found dead on her settee after members of an old folks' lunch club had grown concerned when she hadn't appeared. She was known to attend this group and bring them food, and when she hadn't turned up everyone was a little bit worried.

She was a very reliable person and wouldn't just not turn up without letting someone know. As was protocol, her doctor, who obviously happened to be Shipman, was called and announced that she'd had a heart attack. But what was interesting is that he didn't write that she'd had a heart attack on her death certificate. He cited old age.

So how did Kathleen Grundy's death help his cause of retiring early? Basically, two weeks before her death, Shipman had invited her to take part in some research with a local university regarding differences in health in the elderly. She was known to be very active and he kind of enticed her into taking part in this research as someone who could possibly enlighten researchers as to why some elderly people are more fit and healthy than others. So as part of this research, he needed her signature and invited her along to his surgery and got two other patients in the waiting room to sign as witnesses to the signature.

And instead of signing a form to sign up to a research study, she was actually signing her amended will. Did nobody read it? Apparently not, which to me is just bonkers if you're being asked to sign a document without giving it a once-over. I think this again just shows just how trusted he was by his patients and the general community.

So on a standard last will and testament form, Shipman had written out Kathleen's will to say, "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's given to me and the people of Hyde. He is sensible enough to handle any problems this may give him." My doctor is Dr H. Shipman, and then it gave his address. So this form was signed and sent off to her solicitors

two weeks before she met her tragic end.

So what I don't think Shipman fully anticipated is that Kathleen's daughter, Angela, who was a lawyer, was very persistent and I think without her efforts, Shipman might have carried on doing what he was doing and gotten away with a lot more. So she knew that her mother wouldn't have just cut her out of her will without talking to her and she insisted that the police investigate, and part of that was exhuming her mother's body for testing.

Samples of liver and muscle tissue were taken and sent to the forensic science laboratory in Lancashire where toxicologist Julie Evans detected morphine and quantified it at a level that was significant enough to be the cause of death, which obviously went against Shipman's original natural cause of death, and at this point he was arrested. And she wasn't prescribed morphine or anything like that. No, she was a completely fit and healthy 80-year-old, as far as I'm aware, with no medical problems and no reason to have morphine in her system.

So when Shipman was arrested, he insisted that her medical records would prove his innocence and that he had suspected that she'd had a drug problem for a long time and therefore this level wasn't surprising to him. However, Shipman didn't realise that some software he had installed in September 1996 would record the date and time of the entries into the medical records, revealing that this history that he was talking about was recorded after Kathleen's body had been exhumed. So he tried to fabricate records to make it look like Kathleen had actually had previous opioid use disorder and things like that. Yeah, exactly.

Hadn't quite realized that there was gonna be an audit trail of some kind as to when he'd made these changes. As part of the wider investigation into Shipman, three other bodies of his patients were exhumed and samples were taken for toxicology and abnormally high levels of morphine were detected, which contradicted the natural cause of death he'd given in these cases. Pharmacists were also consulted and they all confirmed that Shipman was prescribing diamorphine to a large number of his seriously ill patients and would very kindly go and collect these prescriptions himself, allowing him to pocket the excess for later use.

And interestingly, they did find large quantities of diamorphine in the boot of his car when it was searched. Presumably all prescribed to patients that had had prescriptions written up but perhaps never received the prescription. Yep. He kept claiming that these patients were habitual users and again, toxicologists were there to disprove him.

Dr. Hans Sacks completed hair testing on a number of these cases and found no evidence of habitual morphine use. So let's drill into the toxicology a little bit. We think he was using diamorphine, diacetylmorphine.

What was detected at post-mortem was morphine. This isn't that surprising, is it? Diacetylmorphine is a morphine molecule with two acetyl groups. It's very rapidly converted to monoacetylmorphine, which is then further broken down to morphine.

We were looking at tissue toxicology in people that had been exhumed weeks or months after they had died. So the fact that we didn't detect any monoacetylmorphine isn't surprising. We think it was diacetylmorphine that was being used based on the prescription data. Yeah, and based on the diamorphine that was found in the boot of his car.

Of course. And to drill a little bit into the hair testing, hair testing is really good at looking at historic use. When hair grows, drugs get incorporated into the hair. By looking along the length of the hair, you can effectively travel back in time and look at people's previous drug exposure.

And in this case, despite Shipman claiming they were habitual morphine users, none of the victims had morphine detectable in the hair. That's correct. So further bodies of Shipman's patients were exhumed. And at this point, all of these had been buried for well over a year and they continued to test what they could and work backwards until no meaningful analysis could be conducted.

And then going back all the way to Alice Kitchen, who was murdered in June 1994. So a good four years prior to this was when they had to stop. By this point, there was no tissue left to test effectively. Yeah.

So at this point Shipman was charged with 15 murders and one forgery and his trial began on 5 October 1999. One hundred and twenty witnesses gave evidence and after deliberating for six days, the jury found Shipman guilty of all charges and he was sentenced to 15 consecutive life sentences.

So I think the significance of this trial in particular was that it really showed the power of toxicology, particularly forensic toxicology, to identify beyond reasonable doubt the presence of these drugs that shouldn't have been there and also to be able to say confidently that this morphine was present at a level high enough to have been potentially fatal and therefore contradicted the cause of death that had been given.

So I was quite surprised that it took six days for the jury to reach their verdict in this case but I think that just goes to show the sheer amount of data and evidence they were dealing with and having to deliberate on, and as it was 15 different murder charges, you've kind of got to go through the process for each one. And it is also easy for us as toxicologists, isn't it? We're familiar with things like testing for morphine but actually explaining these concepts to a jury can sometimes be quite challenging. So although Shipman had been sentenced, this was not the end of the investigation into him.

Public pressure and police suspicion had mounted so high that people believed that Shipman was responsible for more deaths and this led to an inquiry being opened on 21 September 2000 by High Court Judge Dame Janet Smith. She examined all 887 deaths that had happened across Shipman's career, took 2,300 witness statements and examined 360 sets of doctor's notes, and that took about three years to complete. Of the 887 deaths, there was compelling evidence that 394 of these were natural and 493 were deemed to be suspicious.

Most of the suspicious deaths occurred in the patient's own home, 120 occurred in residential homes and 15 in Shipman's own surgery. At the end of this inquiry, 298 of these were deemed possible murders, with 215 being declared definite murders, 45 being highly suspicious and 38 possible murders with incomplete evidence. On 13 January 2004, Shipman tore a bed sheet into strips, twisted these into a rope and hanged himself from the bars of his cell window. His estate came to a grand total of 24,000 pounds which he'd left to his wife in a will dating from 1979, and he ticked the cremation box.

So I mean, this really is such a shocking case in that the sheer number of victims is extraordinary. Possibly we don't really know the true extent; even the inquiry identified some possible cases, but actually it's entirely possible there were more, wasn't there? Do we have any indication as to what the motive for all this was? I don't think there's anything conclusive and he never admitted any sort of guilt, never explained why he'd done what he'd done.

My theory is that it stems back to his sort of earlier childhood seeing his mother dying from lung cancer and how her own morphine took her pain away, and maybe he thought he was doing some sort of good in a bit of a twisted way. Some sort of mercy killing angle. Yeah, although none of his patients were ill. In fact, they all seem to be perfectly healthy at the time of their death, so that doesn't necessarily track too well.

And then you've got the case of John Bodkin Adams who was sort of doing a similar thing but his motive was financial, so I don't know whether that also played a part in why he thought he could possibly carry this out, why he thought he could get away with it in the end. And it was when he got too greedy and forged Kathleen Grundy's will that really was the start of the end for him. We've already seen the power of toxicology in this case, haven't we?

This really was a case that just relied so heavily on the toxicological evidence because by the point of investigation there wasn't a lot of other evidence available, but this was just so irrefutable and it proved beyond reasonable doubt that indeed this was what was going on. Obviously it did raise quite a few issues with the certification of death in the UK, didn't it? It highlighted some considerable weaknesses in the oversight of doctors signing death certificates and how that was managed. There were quite a few changes following this.

So one of the big changes was the implementation of medical examiners to look at medical records and kind of provide a second pair of eyes on cases where GPs had issued a medical cause of death. And that was initially only applied to hospital deaths but, as of September last year, I believe, this was now rolled out across all deaths whereby a medical cause of death is issued. There were also changes to some of the coroner laws, meaning that all unexpected or potentially unnatural deaths were referred to the coroner. So I guess the big question now is: with all these changes, would we have caught a case like this sooner?

I like to think the answer's yes. I'd like to think yes, too. I'd like to think that such a thing wouldn't happen again. I think it does show just how important post-mortem toxicology can be.

I think especially now, a few years on, where there's always talk about trying to cut budgets and save money, one of the obvious questions that comes up is, are we doing too much toxicology? And then you just think of a case like this and suddenly you think actually, no, maybe not. Do we need to do more post-mortem toxicology? That's a good question.

It's really hard to assess what's being done and what's being missed that could potentially be useful if we were doing more testing. I'm hopeful that there are enough safeguards in place that we're not missing things, but you're right. Unless you look for it, you're not going to see these things. Exactly, and I hope that we live in a slightly better world where more people who had noticed things going on with Shipman would nowadays feel a bit more confident to speak up and that there were processes in place to bring this to someone's attention and have it fully investigated.

Because there were points where Shipman could potentially have been caught if people had come forward and made their concerns known. I think even then it is the power of hindsight, isn't it? Oh, completely. There were certainly people that had suspicions, but how suspicious do you have to be to start an investigation?

Particularly an investigation that required the exhumation of quite a few people. So I think we're going to wrap it up there. I hope you've enjoyed listening to this two-part series and reflecting on this rather awful case that's in our history. If you have enjoyed listening to us, do please give us a like and a follow or tell your friends about us.

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You can send us a direct message. If you don't use social media, we now have an email. So you can email us at thetoxlab@gmail.com. Again, we'd love to hear from you.

If you've got any suggestions for future episodes, especially if you've got any more slightly more true-crime cases that you'd like us to cover, please let us know. Hope you all have an amazing week and we'll see you next time. Bye.