NP 21.4.15

Dr Benjamin Swift MB ChB MD FRCPath(Forensic) MFFLM

FPS

Forensic Pathology Services

DPA

O Biedrzycki
N R B Cary
R C Chapman
A W Fegan-Earl
N C A Hunt
A J Kolar
S M Poole
R A Risdon
B Swift

STATEMENT OF WITNESS

(C. J. Act, 1967, s.9; M.C. Act, 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2010, Rule 27.2)

Statement of	*Benjamin Swift,* *MB ChB MD FRCPath(Forensic) MFFLM*
Age of Witness	*Over 18*
Occupation of Witness	*Consultant Forensic Pathologist*
Address	*Forensic Pathology Services* DPA

This statement, consisting of **11** pages signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated: 17 April 2015

Signed Signature

Range and Extent of Expertise

I qualified from the University of Leicester in 1998 (MB ChB). In 2005 I became a member of the Royal College of Pathologists by examination in Forensic Pathology and in 2008 became a Fellow (FRCPath(Forensic)). In 2004 I was awarded a Doctorate in Medicine (MD) by thesis in Forensic Pathology by the University of Leicester. I am a Member of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians of London (2007).

Following post-graduate training in surgical pathology within the University Hospitals of Leicester NHS Trust, I commenced training in Forensic Pathology as a Specialist Registrar. I was later appointed as a Locum Consultant, also within Leicester. Following acceptance as a Member of the Home Secretary's Register of Forensic Pathologists in early 2006, I joined the Forensic Pathology Services; I have since been made a Partner in this Group Practice, the largest in England and Wales. I am therefore engaged full time in the practice of forensic pathology.

I have published on pathology and forensic pathology, including papers in peer reviewed journals and chapters in textbooks and encyclopaedias. I lecture regularly to various agencies and organisations, and I maintain membership of learned societies.

Along with colleagues I provide a suspicious death service primarily for East Anglia, though I also provide support to the South East of England (including London and surrounding counties). I also provide a service to the Falkland Islands when required.

Signature

TOXICOLOGY

Samples of blood, urine, stomach contents, vitreous and hair were retained following completion of the post-mortem examination for toxicological analysis. **Despite repeated requests to be provided with the results, it was not until the 15th April 2015 that I was forwarded a copy of the witness statements of Denise STANWORTH, dated 21st November 2014 and a copy of the Streamlined Forensic Drug Report produced by Michael DAY, dated 19thh November 2014.**

Please refer to the complete reports for full consideration of the results. However, the following is noted:

The small bottle recovered from the deceased contained Gamma butyrolactone (GBL), a Class C compound.

The toxicology results indicate a high blood concentration of Gamma hydroxybutyrate (GHB) and a high concentration of diphenhydramine.

Mephedrone was also present in a concentration likely to reflect the use of abuse amounts.

Only a very low concentration of alcohol was noted.

COMMENTS

1. The body was that of a white adult male showing no evidence of significant natural disease that could have caused or contributed to his death.

2. The body of the deceased was found by a dog walker in a churchyard on 20th September 2014. He was apparently slumped to his left side, clothed and partially wrapped in a dark blue bed sheet. In his left hand was a handwritten note in a clear plastic sleeve which I have been informed has been positively identified as being within the deceased's handwriting by the next of kin. The note indicates that the deceased had possibly taken GBH with "sleeping pills".

3. Post mortem examination identified bruising below both arms in the armpit regions of the chest which continue around to the front of the chest wall. This is an unusual distribution to have been caused accidentally and may have occurred as a result of manual handling of the deceased, most likely prior to death.

4. Congestion was present at the anal margin and I was informed that the deceased was gay. However, there were no definite injuries to indicate traumatic sexual assault. Swabs for sexual contact have been taken and could be analysed, should this be of concern.

5. Streaky bruising was also identified within the structures of the neck. This, in combination with the florid petechiae present around the eyes, raised concerns regarding potential compression of the neck as a factor in his death. However, there was no damage to the hyoid bone (*horseshoe shaped bone at the base of the tongue*) and no damage to the cartilage of the larynx (*voicebox*). Further, there was no bruising within the tongue, nor any abrasions of a fingernail-type nature or fingertip bruising to the structures of the neck. There is therefore not enough evidence to support positive confirmation of fatal compression of the neck having played a factor in his death, a view that would appear supported by the toxicology results. It is possible that some, or all, of these findings may be accounted for by a terminal episode of vomiting with hypoxic seizure event.

Signature

6. Toxicological analyses have revealed the presence of a concentration of Gamma hydroxybutyrate (GHB) at a concentration considered likely fatal. It would appear that this has arisen following ingestion of Gamma butyrolactone (GBL, a pro-drug that is rapidly metabolised into GHB): a small bottle found upon the deceased was tested and shown to contain GBL.
   GHB acts as an anaesthetic drug producing a sedative effect and has been implicated in "date-rape" cases. Ingested in high concentrations, GBL/GHB may lead to coma and result in respiratory depression and inhibition of the protective airways reflex, such that a person may experience terminal aspiration of vomit; indeed, gastric content was identifiable within the upper and lower airways suggesting such a terminal episode.

   Diphenhydramine was also present, being an antihistamine medication that may also be used for its mild sedative action in treating insomnia.

7. There were no marks of an offensive, defensive or restraint-type nature.

8. At the debriefing, it was strongly recommended that further examination of the bed sheet within which he was apparently wrapped be examined and positive confirmation made of the handwriting, to ensure that the body of the deceased had not been moved into the position within which it was found by a third party, either whilst the deceased was in a moribund state or already dead. I have, to date, not been made aware of any of these findings.

9. This report has been subjected to a Critical Conclusions Check in accordance with the Code of Practice for Forensic Pathologists held by the Forensic Science Regulator.

CAUSE OF DEATH[2]

Ia. Gammahydroxybutyrate Toxicity

Signature

Dr. Benjamin Swift MB ChB MD FRCPath(Forensic) MFFLM
Consultant Forensic Pathologist
Member of the Home Secretary's Register of Forensic Pathologists

EXHIBITS LIST

BS/1 Fingernails left hand
BS/2 Fingernails right hand
BS/3 Right trainer
BS/4 Left trainer

[2] *The information given within this report represents my understanding of the views, opinions and circumstances of this case based on the information that I have received to date, either in writing (all forms) or by oral communication. I recognise that in part this may reproduce or rely upon witness statements, oral communications or hearsay evidence of second parties and that the information given to me by others may or may not be factually correct at the time of my consideration.*

I reserve the right to reconsider any aspect of this report should a significant typographical or grammatical error, or factual inconsistency, be identified that could be misinterpreted by a reader. I also reserve the right to reconsider any aspect of this report, including the cause of death, should further factual information arise that contradicts the information provided at the time of the post-mortem examination, upon which I have based my interpretations.

Signature