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**WITNESS STATEMENT OF  
JENNIFER MOIRA CROSS**

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1. I, Jennifer Moira Cross, FRCP, PhD of the Royal Free London NHS Foundation Trust, Pond Street, London, NW3 2QG, will say as follows:
2. I am employed by the Royal Free London NHS Foundation Trust (the Trust) as a Consultant Nephrologist and Honorary Senior Lecturer at the University College London Centre for Nephrology and I am also Clinical Director Nephrology, Urology, Transplantation at the Trust. My role involves leading the safe provision of high quality care for renal urology and transplant patients under the care of the Royal Free NHS Foundation Trust. I have worked for the Trust in this role continuously since 2003.
3. I am a Fellow of the Royal College of Physicians and a member of the British Medical Association and I also provide renal services at The London Clinic and The Wellington Hospital.
4. I have been asked to write this witness statement on behalf of the Trust to respond to certain criticisms raised at paragraphs 21 and 38 of the witness statement of Ms Irene Ruth Spellman, dated 27 February 2019, in which Ms Spellman raises certain criticisms regarding the care received by her late husband Mr William Spellman. I was the principal clinician in charge of Mr Spellman's dialysis at the Royal Free Hospital between 2004 and 2009.
5. I do remember Mr Spellman's case in general terms as it was a complex case, but I do not remember specific details of my dealings with Mr Spellman and his wife. However, for the purpose of preparing this witness statement, I have reviewed the electronic records held by the Trust in relation to Mr Spellman and provide this statement on the basis of those records. Where

matters within this statement are not directly within my own knowledge, I believe them to be true.

6. I attach to this statement, at exhibits [WITN3095001/1 – 27] a bundle of supporting documents which are print outs from the Trust's electronic records detailing various aspects of Mr Spellman's care which are relevant to the comments in Ms Spellman's statement to which I am asked to respond.
7. The Inquiry has requested that the Trust respond to comments made at paragraphs 21 and 38 of Ms Spellman's statement regarding comments I made relating to whether Mr Spellman would be resuscitated and the decisions to deny Mr Spellman's request for a liver transplant.

#### **Decision to deny Mr Spellman's transplant request**

8. Ms Spellman states at paragraphs 37 and 38 of her statement that Mr Spellman was told that he was denied a transplant due to his Hepatitis C infection. Ms Spellman also states that I advised that this was a medical decision and that I did not discuss this with her or any other members of Mr Spellman's family.
9. From my review of the medical record I can see that Mr Spellman was reviewed on dialysis on multiple occasions by myself, Dr Davenport, Dr Hillman and Dr Alarabi and he was also assessed by the liver transplant team including Dr O'Beirne and Dr Patch as well as by Dr Harber, Dr Sweny and Dr Jones from the renal transplant team. Mr Spellman's case was highly complex and many relative contraindications to safe transplantation of either liver or kidney are evident and documented throughout the records. These include bone marrow failure, ongoing transfusion dependency, gut haemorrhage from known varices (dilated veins in the stomach and rectum related to his liver disease which bleed easily), and intermittent liver decompensation which resulted in hepatic encephalopathy on multiple occasions requiring emergency admission to hospital.
10. The decision in relation to activation of any complex patient for transplantation is contributed to by the dialysis consultant who knows the patient well and that was my role in Mr Spellman's case. However, ultimately, the decision lies with the transplant team.

11. As can be seen from the extracts of the medical record attached at [WITN3095001/1 – 23] Mr YZ was assessed for his suitability for transplant on numerous occasions not only by myself but also by other clinicians in the dialysis and transplant teams. This culminated in Dr Kate Hillman stating on 23 October 2008 [WITN3095001/22] that she did not believe Mr Spellman was a suitable candidate for a renal transplant and this was a view with which I and Dr Harber agreed as discussed in the multi-disciplinary meeting with Mr Spellman and his wife on 24 November 2008 which is attached to Ms Spellman's statement. At that same meeting, Dr O'Bierne discussed the reasons why Mr Spellman was also not suitable for liver transplantation and the notes of the meeting state that Mr Spellman understood and agreed with this.
12. At paragraph 37 of her statement Ms Spellman states that Mr Spellman was denied a transplant because of his Hepatitis C infection. As I have set out, the decision not to activate Mr Spellman on the transplant waiting list was not related to his Hepatitis C alone, but due to the complications related to his Hepatitis C and other medical problems that made him unsafe to transplant.
13. Mrs Spellman also states that I said that the decision to refuse her husband a transplant request was a medical decision and that I did not discuss this with Mrs Spellman or any of the family. In response I would comment that Mr Spellman had capacity and discussions were held with the patient. I was only made aware that Mrs Spellman wished to be informed at our meeting on 18 August 2008 [WITN3095001/16] and at that meeting discussed matters fully and invited Mrs Spellman to accompany Mr Spellman at any time of their choosing to see me in the Barnet dialysis clinic. I also note on review of the notes that Mrs Spellman was also involved in the discussions of the MDT meeting on 24 November 2008.

#### **Comments regarding resuscitation**


14. Ms Spellman states in her statement that has recorded that I "kept repeating that if Mr Spellman drifted into a coma during his dialysis, he would not be revived". Mrs Spellman does not specify when she believes it was that I was alleged to have said this. However, from review of the notes it is apparent

that between 2004 and 2009 I was actively involved in referrals of Mr Spellman to hepatology, haematology, podiatry and renal transplant teams as part of the ongoing efforts to treat him and assess his suitability for transplantation. This process only reached a conclusion following the MDT meeting with all parties including Mr and Mrs Spellman on 24 November 2008.

15. I note from the records that on 12 February 2009 [WITN3095001/24] Dr Hillman saw Mr Spellman and his family at a Barnet dialysis review and wrote to the GP stating that there had been discussion with the patient and the family of his unsuitability for any further aggressive management, in terms of either renal or liver transplantation and of the terminal nature of the patient's condition. Dr Hillman's letter stated that a referral by the GP to community palliative care should be made when appropriate. It is after this point that I would expect to have regular conversations with a patient and their family in relation to the ceilings of appropriate care in the clinical situation although I would not necessarily document these discussions.
16. Following that time, Mr Spellman had two further admissions in quick succession (on 23 March 2009 and 14 April 2009) with bleeding and encephalopathy which resulted in admission to the Royal Free.
17. On 27 April 2009 while I was on duty for dialysis in Barnet Hospital I was asked to see Mr Spellman as he had become profoundly unwell on dialysis [WITN3095001/27]. I proceeded to coordinate his resuscitation and arranged for his transfer to the Royal Free Hospital for additional emergency management until he was discharged on 4 May 2009. After this, the dialysis team arranged a consultation with the clinical health psychologist to discuss the prognosis.
18. Upon review of the record, I believe that any conversations that I would have had with Mr Spellman about resuscitation are likely to have been after the MDT reached the conclusion, in November, that Mr Spellman was not transplantable and that he should be referred to palliative care. It is appropriate to make advanced care plans for those patients who are seriously unwell without prospect of recovery on the basis of the likelihood of whether they would benefit from resuscitation.

19. In terms of Ms Spellman's comments that I said that if Mr Spellman should drift into a coma during dialysis, he would not be revived, these are not the sort of words that I habitually use in my practice. What I would usually say is that the chances of survival are very low and in the event that he needed resuscitation, it is unlikely he would survive beyond such a resuscitation. These, or whichever actual words I did use, were never intended to be a "threat", as Ms Spellman refers to it in her statement, but instead were meant to be a clear statement of what I thought best in Mr Spellman's care.

I believe that the facts stated in this witness statement are true.

Signed.....  
  
**Jennifer Moira Cross**

Date .....29 May 2019.....