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Causes of Dr Kelly's Death Thrown into Doubt by Top Forensic Toxicologists

By Rowena Thursby
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In-depth Report: FAKE INTELLIGENCE

The general consensus is, that in July 2003, overwhelmed by public pressure after allegedly voicing doubts to a BBC journalist about the British government's distortion of the truth in its attempt to make a case for war, MoD weapons advisor Dr David Kelly took his own life on Harrowdown Hill by slashing his left wrist and taking painkillers. But did he?

If, as stated at the Hutton Inquiry, the level of co-proxamol in Dr Kelly's blood was a third of what is normally considered a fatal amount, and if concentrations of the drug can increase tenfold after death (see today's articles below), the level found was possibly only a thirtieth of the amount needed to cause death.

Couple this with the opinion of six UK surgeons: that Dr Kelly would most likely have lost no more than a pint of blood from transection of a single ulnar artery, (due to swift artery retraction and blood clotting), and we are left without any realistic cause of death.

Until now, faced with the unlikelihood of Kelly's death being caused by haemorrhage from a severed ulnar artery, forensic experts have side-stepped the issue by stating that co-proxamol ingestion alone would have been enough to kill him. But now, with "suicide" from wrist-slashing and pill-taking cast into doubt by medical professionals, we have even more reason to ask: just how DID Dr Kelly die?

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Doctors raise doubts over suicide verdicts

Experts warn of flaws in post-mortem blood tests

Robert Forrest Professor of Forensic Toxicology, Sheffield University, UK

Sarah Boseley, health editor, September 17, 2004

The Guardian

Miscarriages of justice are "almost certainly" taking place because of a mistaken belief that it is possible to calculate from blood analysis at a post-mortem examination how many tablets somebody swallowed before they died, a group of eminent scientists and doctors says today. An article by the group in the British Medical Journal was written after the death of the Iraq arms expert David Kelly and the Hutton inquiry which concluded that Dr Kelly killed himself by cutting his wrists and taking painkillers.

The evidence at the inquiry has “led to the exchange of acrimonious views, including allegations of conspiracy and murder,” they note. The Hutton inquiry heard from a forensic toxicologist that Dr Kelly could have swallowed between 29 and 30 tablets of a strong painkiller called Coproxamol which he had been prescribed for back pain.

But, say the authors of the BMJ editorial, the measurement of toxic substances in the blood after death is a very inexact science.

Blood that is not circulating after death is not the same as before death, said Robert Forrest, professor of forensic toxicology at Sheffield University and one of the authors. “After death, drugs which are bound in tissue move back into blood.”

They write that drug concentrations are likely to have changed before blood samples can be taken. “For many drugs, including those found in David Kelly, concentrations may increase by as much as tenfold,” they say.

To make things even more difficult, different concentrations of a drug will be found in different parts of the body. “The problem is that some pathologists take samples from anywhere they can find it,” said Professor Forrest.

Three samples taken from different parts of the body of an elderly woman suspected of taking an overdose of the antidepressant amitriptyline might vary from 0.3mg per litre to 1mg to 10mg or even more per litre. “How do you interpret that? You need to know an awful lot of information. Trying to do a back calculation of how many tablets somebody has taken is pretty awful,” he said.

The danger was that an elderly woman who died of a heart attack would be certified as having taken her own life.

These uncertainties need to be acknowledged, say the doctors and scientists who are members of the International Toxicology Advisory Group.

“If the blood concentration at the time of death cannot be known with certainty, then how is it possible to extrapolate the time and amount of drug ingested before death? The simple answer is that such extrapolations are prone to considerable error and generally should be viewed as unreliable and not evidence based.”

“Despite these limitations, such calculations are frequently and wrongly produced during court proceedings, even though the problems we outline have been widely known for many years.

“Post-mortem measurements of drug concentration in blood have scant meaning except in the context of medical history, the sequence and circumstances surrounding death and necropsy findings.

“The paucity of evidence-based science, coupled with the pretence that such science exists in regard to post-mortem toxicology, leads to the abuse of process, almost certainly to the miscarriage of justice and possibly even to false perceptions of conspiracy and cover up.” http://www.guardian.co.uk/print/0,3858,5018095-103690,00.html

Toxicology tests after death ‘unreliable’

16th September 2004

Manchester Online

RELIANCE on inaccurate methods of measuring drug levels in the blood after death have “almost certainly” led to miscarriages of justice, experts claimed today.

The case of Government weapons expert Dr David Kelly was used as an example where differences of opinion have been expressed over the interpretation of toxicology results.

Forensic scientists, writing in the British Medical Journal, said the science of measuring levels of drugs in the body after someone had died was far from robust and based on flawed evidence.

They said that measuring the toxicology – drug concentration levels – in living patients was straightforward, involving factors such as how the drugs were administered and the number of doses.

But for dead subjects, this information was almost never available, meaning conclusions about drug levels were incomplete.

The experts, including US, UK and Australian professors, said their editorial was partly prompted by the the Kelly affair where a central issue concerned the interpretation of toxicology results.

Dr Kelly killed himself by cutting his wrist and taking painkillers after he was identified as the source of a BBC report about weapons in Iraq.

Toxicology

The scientists said that the way the blood behaves after death, for instance when it stops circulating, confused toxicology measurements.

“Drug concentrations are likely to have changed after death.

“For many drugs, including those found in David Kelly, concentrations may increase by as much as tenfold,” they said.

The experts also said that chronic drug use could also confuse interpretation of results and while it could be factored into measurements for living patients, this was not possible for dead ones.

They said that, despite concerns, forensic scientists continued to draw conclusions based on comparisons with living people.

“If the blood concentration at the time of death cannot be known with certainty, then how is it possible to extrapolate the time and amount of drug ingested before death?

“The simple answer is that such extrapolations are prone to considerable error and generally should be viewed as unreliable and not evidence-based,” the experts said.

"Despite these limitations, such calculations are frequently and wrongly produced during court proceedings, even though the problems we outline have been widely known for many years."

The experts said the lack of evidence-based science and the "pretence" that such science existed for post-mortem toxicology led to "the abuse of process, almost certainly to the miscarriage of justice, and possibly even to false perceptions of conspiracy and cover-up".

The forensic scientists, including Professor Robert Forrest from Sheffield University, have now formed a group to look into the problem and make suggestions for reform

http://www.manchesteronline.co.uk/news/s/130/130679_toxicology_tests_after_death_unreliable.html

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