

Professor Richard Shepherd and the Unnatural Death of Dr David Kelly: Haemorrhage from Cutting the Ulnar Artery. A Sole Cause of Death?

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These are three sentences from a short letter written by the author and published in the Morning Star 16th of December 2003.

As a past trauma and orthopaedic surgeon I cannot easily accept that even the deepest cut into one wrist would cause such exsanguination (bleeding out) that death resulted. The two arteries are of matchstick size and would have quickly shut down and clotted. (He did not know then that the ulnar artery alone was transected ie cut across.)

Furthermore we have a man who was expert in lethal substances and who apparently chose a most uncertain method of suicide.

The first cause of death of Dr David Kelly as recorded by the coroner on the 14th of August 2003 in a death certificate which was less than lawful –

“ I a. Haemorrhage b. Incised Wounds to the Left Wrist.

(II Co-proxamol ingestion and coronary atherosclerosis.) (1)

The first cause was re-iterated by Lord Hutton in his report 28th January 2004. 467 “I am satisfied that Dr Kelly took his own life and that the principal cause of death was bleeding from incised wounds to his left wrist which Dr Kelly had inflicted on himself with the knife found beside his body. It is probable that the ingestion of an excess amount of Coproxamol tablets coupled with apparently clinically silent coronary artery disease would have played a part in bringing about death more certainly and more rapidly than it would have otherwise been the case. “(2)

The author was moved to write the above letter because he shuns slovenly diagnosis and because he had grave doubts about the rumoured verdict of suicide by Hutton. He learned that an inquest of sorts had indeed been subsumed into the Hutton Inquiry. Law, logic and propriety required that there should have been an inquest first and when that was completed, an inquiry second. The letter drew him via the good offices of Ms Rowena Thursby into a small group of like minded doctors. One of these was a fellow surgeon of repute. The late Martin Birnstingl had been a surgeon at St Bartholomew’s Hospital with a special interest in vascular surgery; he had been President of the Vascular Society of the UK.

Letters were written to the press making the central point that death from haemorrhage due to transection of the ulnar artery was very unlikely. The letters noted the statutory

imperative – ‘a verdict of suicide must have shown beyond reasonable doubt that there was intent to commit suicide, as well as that a suicide had taken place’. Messages and statements from forensic pathologists were received stating that people could bleed to death from transection of the ulnar artery. It is important to emphasise that oblique slashing of the forearm involving the arteries can cause substantial haemorrhage and death in certain circumstances. But it was Dr Kelly’s wrist that was cut. The cut was transverse and that of his ulnar artery likewise. Transection – cutting straight across, leads to retraction within its sheath, constriction and clotting, both within the vessel and at its end. A knife which is not sharp is more likely to provoke the latter two phenomena.

The doctors continued to urge that an inquest be conducted on this man. There was widespread public support. A barrister advised that the doctors should focus on the question of whether the cutting of the ulnar artery was likely to cause fatal haemorrhage. The author wrote –

“Opinion as to the likelihood that the death of David Kelly CMG DSc was the direct result of haemorrhage due to transection of his left ulnar artery” in July 2009.

This was signed by six doctors including the late Martin Birnstingl and by Dr Michael J Powers QC FFLLM Examiner to the Faculty of Forensic Law and Medicine of the Royal College of Physicians and Specialist in Medical Negligence and Causation.

This Opinion concluded – **“We continue to hold that the bleeding from Dr Kelly’s ulnar artery was highly unlikely to have been so voluminous and rapid that it was the primary cause of death.** We advise the instructing solicitors to obtain the autopsy reports so that the concerns of a group of properly interested medical specialists can be answered. We have confined ourselves to the circumstantial, anatomical and physiological factors that relate to the claim that Dr Kelly died primarily from haemorrhage, thus excluding other questions that relate to the death.”

The present Attorney General had shown himself sympathetic to an inquest when he was on the opposition benches. The group of doctors persisted in pleading for an inquest along with some other citizens. The doctors and the pro bono lawyers, Leigh Day & Co, decided to approach the Attorney General. A Memorial, as it is called, was submitted in October 2009 (3) and an Addendum (4) to this in February 2011. The Attorney General had requested this Addendum within limited time. Mr Dominic Grieve, the Attorney General, replied to this and other pleas 9th of June 2011. He refused to approach the High Court under Section 13 of the 1988 Coroner’s Act; he made his own judgment that Dr Kelly had taken his own life.

“In the light of the public interest in this case, I have taken the very unusual step of carrying out my own investigation into whether an Inquest is necessary or desirable in the public interest.....

I have concluded that the evidence that David Kelly took his own life is overwhelmingly strong and that the test set out by Section 13 of the 1988 Coroners’ Act is not met.”

The Attorney General looked to Professor Shepherd for corroboration of Dr Hunt’s forensic evidence, and to Professor Flanagan regarding the toxicology. (5) The 17 page report submitted by Professor Shepherd to the Attorney General on 16th of March (6) was published along with other papers. In regard to the possibility that a human can die as a result of haemorrhage from a cut ulnar artery Professor Shepherd said –

“It is common forensic pathological experience that individuals can and do die as a result of solitary injuries to arteries or other blood vessels I have seen many cases of death from haemorrhage following incised injuries to the wrist in my career and I had a case in the last year (HSL82) in which a young individual died solely as a result of a self-inflicted, solitary incision of her left ulnar artery.

And again he said “In my opinion, and in my experience, incised injuries to the ulnar artery may be unusual but they are without doubt potentially lethal injuries.”

The post-mortem report of HSL82 was requested through Mr Kevin McGinty, the head of the Attorney General’s office. Professor Shepherd kindly provided it. This showed that there was a second cause of death ie alcohol intoxication. This and other concerns of the author were reported to the General Medical Council in a 9 page letter dated 12th of May 2012.(7) This was accompanied by 40 pages of evidence and by internet links. The GMC dismissed the evidence and the concerns of the author in 9 working days.(8) This statutory body has already started on the re-validation of over 100,000 doctors in the UK. Consistency is obviously not its forte although the public depends on its scrutiny.

The medical literature was searched as widely as possible for reports of ulnar artery laceration causing death by haemorrhage. None were found. It was necessary to ask Professor Shepherd for evidence of the other cases he had referred to. A letter was sent on the 9th of April 2012 and acknowledged very briefly by Professor Shepherd. (9) A further letter was sent 22nd of June 2012 (10) There has been no reply.

The Schedule (11) of the Attorney General attempted to counter or answer the many points raised in favour of an inquest. This author, in his letter listing his concerns to the General Medical Council, stated “The expert opinion of Dr Richard Shepherd was central or even crucial in the grounds upon which the Attorney General based his decision to refuse the plea for an inquest. It was relevant too in the hearing of my plea and the refusal of it in the Administrative Division of the High Court 19 December 2011.....” Professor Shepherd’s name was quoted 45 times within this schedule. His evidence certainly was crucial in bolstering the evidence and opinion of Dr Nicholas Hunt, and the conclusions of the Attorney General.

As regards the first cause of death, the Professor’s evidence and opinion are not seen to be grounded in fact. Humans do not bleed to death from transection of the ulnar artery at the wrist. This contention of the group of doctors who have been pleading for an inquest is shown to be correct. This is very disturbing to say the very least, and in many ways. It is the more disturbing because Professor Shepherd is eminent in the field of forensic pathology. (12)

The only possible response to this erroneous evidence upon which the Attorney General relied in large part for the causes of death and for the verdict of suicide is that there must be an inquest where this evidence is tested. In the face of all the other omissions, untruths and defects in due process which the doctor’s group has recorded over these last 10 years since the unnatural death of Dr David Kelly CMG DSc, the case for an inquest with a jury is overwhelming.

Notes

1. <http://dhalpin.infoaction.org.uk/images/stories/D%20Kelly%20Death%20Certificate%201>

[8-08-03.jpg](#)

2. <http://webarchive.nationalarchives.gov.uk/20090128221550/http://www.the-hutton-inquiry.org.uk/content/report/huttonreport.pdf>
3. http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/07_01_11davidkelly1.pdf
4. http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/03_03_11_kellyinquest.pdf
5. <http://www.globalresearch.ca/the-unnatural-death-of-dr-david-kelly-the-illusions-of-the-ill-icit-hutton-inquiry-the-forensics/5345433>
6. <http://webarchive.nationalarchives.gov.uk/20110709071706/http://www.attorneygeneral.gov.uk/Publications/Documents/Forensic%20medical%20report%20by%20Dr%20Shepherd%2016%20March%202011.pdf>
7. <http://dhalpin.infoaction.org.uk/23-articles/dr-david-kelly/149-concerns-re-evidence-of-professor-shepherd>
8. <http://dhalpin.infoaction.org.uk/23-articles/dr-david-kelly/152-reply-concerns-re-evidence-of-professor-shepherd>
9. <http://dhalpin.infoaction.org.uk/23-articles/dr-david-kelly/151-acknowledgement-from-professor-richard-shepherd>
10. <http://dhalpin.infoaction.org.uk/23-articles/dr-david-kelly/150-request-by-halpin-for-corroboration-of-the-professor-s-evidence>
11. <http://webarchive.nationalarchives.gov.uk/20110709071706/http://www.attorneygeneral.gov.uk/Publications/Documents/Schedule%20of%20responses%20to%20issues%20raised.pdf>
12. <http://internationaljusticeconference.com/forensic-expert-speakers/dr-richard-sheppard/>

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