

The Unnatural Death of Dr David Kelly: The Illusions of the Illicit Hutton Inquiry - the 'Forensics'

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If Albion is perfidious in foreign lands is it not likely its cunning and its lying will be strong suits on the home front? The trappings of Crown, ancient ceremony, and red empire stamp authority and apparent integrity on the British state. These, and much else, are the coinage of a supine and incestuous media and especially of the BBC, the state broadcaster and supreme propagandist. 'Nation shall speak peace unto nation' is its most ironic motto. The whole works in terrible concert.

The Hutton Inquiry was a good window into establishment tricks; illusion was foremost. On the one hand, my Lord Falconer needed to be served up with a pseudo-coronial verdict so that the coronial mouse, Nicholas Gardiner, would be bound to declare when he re-opened his inquest 16th March 2004, (1) there were "no exceptional reasons" for the inquest to be resumed. He added that an inquest would have done little to halt the controversy over Dr Kelly's death and he asked that Mrs Kelly and her family be now allowed "to grieve in peace". Instead, a rigorous inquisition would likely have stilled controversy. The request that the family be allowed 'to grieve in peace' was oft repeated and especially in the direction of a small group of awkward doctors who urged an inquest pure and simple. That a verdict of suicide is often a pool of sadness for a family was never mentioned.

The illusion that an inquest had taken place, albeit of an ersatz variety, required a smattering of forensic testimony; that one half day out of twenty-one days would be sufficient. Hutton reinforced the likely use of illusion by ruling there would be no cross examination. This was even applied to the 'evidence' of the paramount psychopath Blair. The stage was set for a free run by pathologist and toxicologist in that half day. In spite of Falconer's direction 'urgently to inquire into the circumstances surrounding' having no forensic implications whatsoever, there had to be a bit of 'science' to impress the press.

Toxicology

The illusionist required people to assume that with three foil packs of Co-proxamol empty but for one tablet, the missing twenty-nine tablets had all been swallowed by Dr Kelly. Leave aside his great difficulty in swallowing pills. If all had been ingested and absorbed, the paracetamol component would probably have killed him within a week from its toxicity on the liver. The dextropropoxyphene (DPPP) is a depressant drug, a synthetic cousin of morphine. This would have depressed respiration before all 29 had ended in his blood stream, and death would have been likely. There is an additional and variable effect of DPPP; cardiac arrhythmias can be triggered leading to death. This possibility has been a trump card for the proponents of certain suicide in this man but it was not played at the Hutton inquiry.

Dr Andrew Watt is one of the small group of doctors which persists in urging an inquest. He is a clinical pharmacologist so drug absorption, protein binding, tissue distribution, action, drug metabolism, half life and much else are up his street. He knows a good deal more about how paracetamol and DPPP would have behaved before the subject's death than Dr Hunt or the toxicologist Dr Allan. He observed that the reported levels (2) of 1mcg/ml of DPPP and 97mcg/ml of paracetamol were in the ratio of 1:97 in ONE blood sample and that was difficult to explain given the ratio of weight in the Co-proxamol preparation was 1:10, a ten fold difference. He also calculated that if this DPPP level was distributed evenly through the Total Body Water then it would have been provided by two tablets of Co-Proxamol alone.

So how rational and how 'scientific' was the basis for this second cause of death? If a sharp and well trained doctor had been there to cross examine Hunt and Allan, would this cause of death have been expunged by Hutton's inquiry? The death certificate issued at the resumed and then adjourned inquest of the 14th of August was defective in important regards but it could not be revoked. (3) An inquest had not taken place but Hutton, with blunt tools held happily in his hands, had no choice but to swallow the causes of death as given to him in this certificate. Furthermore this death certificate had 'suicide' stamped invisibly across it; the causes as listed by Dr Hunt implied no other explanation. 'Inquiry' was certainly confined to 'circumstances surrounding' and the appearance of Hunt, Allen and Green, the forensic biologist, was possibly part of the illusion, given the absence of informed cross examination.

It has been noted that concerns about the performance of Dr Hunt were brought by the author to the attention of the General Medical Council on the 17th of July 2011(4) and to the Attorney General previously.

THREE Failure to report that 5 blood specimens were taken from the corpse during the post-mortem examination when he was giving evidence before Lord Hutton. Instead, he spoke only of one blood specimen and the measurement of paracetamol and dextropropoxyphene metabolites in that one specimen.

The author observed :-

- a. 5 blood samples were taken from the corpse.
- b. The site of origin of only one was reported. It is widely recognised that drugs which are ingested can diffuse from the stomach into the great vessels and thus be the cause of elevated levels. There are other significant variations with site of sampling and time from death etc.
- c. Dr Allan recorded receipt of 4 blood samples in his written report of 21 July 2003. He recited the measured levels of the chemicals relating to ingestion of co-proxamol (in sample NCH/47 - origin unknown - above) and said that two studies of fatal overdoses showed levels of DPPP several fold larger than the level of 1mcg per ml of blood he measured in this one blood sample. But others countered later that cardiac arrhythmia can occur at lower levels and lead to death. (There is ample evidence for this in the scientific literature.) He was asked about NCH/44. 'Did you find anything at all in the blood item 44?' He said 'I found traces of acetone in the blood and also possibly in the urine and none of the other volatile substances were detected.'

He made NO MENTION of finding paracetamol or its metabolites, or DPPP or its metabolites

in this specimen of blood labelled NCH/44 – origin unknown, in response to the above question. This point is reinforced by his preface (4) ‘None of the other substances listed under ‘Nature of Examination’ were detected.’

Nature of Examination

This is most important –

25 Q. If I could ask you first of all about the blood and urine samples. What were they specifically analysed for?

A. The blood and urine samples were analysed for the presence of alcohol and a wide range of commonly available drugs that includes amphetamines, barbiturates, benzodiazepine drugs, that is the group that includes diazepam and temazepam, benzoylecgonine which is the metabolite or breakdown product of cocaine; cannabinoids, that is the constituents of cannabis; chemically basic drugs such as anti-depressants, and that includes things like dextropropoxythene and antihistamines as well, amongst a wide range of other substances, methadone, methyl amphetamine, 4-methylenedioxymethylamphetamine which is known by its initials MDMA and also known as ecstasy and related compounds. Opiate drugs such as morphine and heroin, and this is the standard sort of analysis that we do in all suspicious deaths in criminal cases.

Q. That is specifically what you looked for in the blood and urine samples?

A. YES.

One can certainly conclude that these drugs, paracetamol and DPPP, or their metabolites, were absent in this blood sample NCH/44. Were they also absent from the other three samples?

He was not asked about the other 2 specimens (in fact 3) and he did not volunteer any information about them. He did not tell the inquiry that the site from where the blood was taken could be important in the interpretation of the measured levels.

d. Dr Hunt’s report of the 25th of July 2003 (no longer headed ‘Final Post Mortem Report’) is available in the National Archives (5) On page 11 of his report, which was put in the public domain 22 October 2010 by Mr Clarke Minister of Justice, he writes ‘.....were found in the blood, item NCH/47’ The lay person, without scientific training, would assume from this that no other blood samples had been taken from the corpse for testing.

e. Dr Hunt did not raise the relevance of the site from which a blood sample is taken to measure the levels of poisons and their metabolites, or that opiate/opioid levels rise by time from death. (Pounder) He knew he had taken 5 samples seven days previously at the post-mortem examination, or at least 4 as recorded by Dr Allan, but spoke only thus ‘the blood sample contains the drug paracetamol and the blood sample contains the drug dextropropoxythene’.

f. As the sole forensic pathologist present at the Hutton inquiry, it was Dr Hunt’s professional duty to be as explicit as possible and to interpret the complexities of death by overdose of drugs as well as he could. In addition, his recital of the levels of the drugs in a sole blood sample cannot be accepted as having happened by pure chance. The fact that Lord Hutton had never before acted as a coroner compounded the paucity of explanation and exposition

coming from the expert witnesses, as well as the paucity of questioning by the appointed barristers who were utterly ignorant in this field.

The truth, if such it was, came dished out in microgram quantities.

Haemorrhage

The author applied to the High Court in September 2011 for permission to judicially review the Attorney General in his refusal to facilitate an inquest on Dr Kelly.(6) In his witness statement to the High Court the author said “14. First, my medical knowledge did not allow me to accept that the first cause of death was haemorrhage from transection of the ulnar artery.....” When the reader studies FOUR Haemorrhage Incised wounds – left wrist (4) it will be plain that Dr Hunt ‘enhanced’ his description of the blood he found on and around the corpse. In the Sunday Times article in 2010 he spoke for the first time of ‘big, thick clots of blood inside the sleeve’. Even if one accepts that section of the ulnar artery could have lead to substantial haemorrhage, Dr Kelly would have had to hold his left arm aloft for some minutes as he either sat against the tree or lay on the ground for blood to have flowed downwards into the sleeve. This had been noted to have been pulled up to mid-forearm anyway. ‘Up the sleeve’ is symbolic.

The Attorney General blustered as well as he could with the above points and many more in his schedule (7). A heavy brigade was marched in to bolster his flank. Prof Flanagan is a toxicologist of 40 years experience.(8) ‘It is of no significance that dextropropoxyphene and paracetamol were measured in only one of the blood specimens available, presumably a peripheral blood sample.’ ‘Is this your expert opinion Professor? You guess as to the origin of the specimen. It could have come from the inferior vena cava or the aorta close by the stomach, could it not? Did you not read all the words of Dr Allan? Dr Allan said clearly that he had tested FOUR specimens rigorously and the tests included those for paracetamol and DPPP or their metabolites. You were rewarded for this ‘expert’ advice from the tax payer?’

The concerns about Dr Hunt which were brought by the author to the General Medical Council were met with delays and much correspondence. The concerns were brushed aside after a year, and lawyers for Dr Hunt likewise dismissed them. The truth is yet to be laid bare by proper inquisition and not by illusion.

The tenor of this inquiry is symbolised by the following at the end of Dr Hunt’s evidence. He is being questioned by Mr Knox (9). This CV shows Knox’s experience in this area to be nix.

Mr Knox. You have already dealt with this, I think, but could you confirm whether, as far as you could tell on the examination, there was any sign of third party involvement in Dr Kelly’s death?

Dr Nicholas Hunt. No, there was no pathological evidence to indicate the involvement of a third party in Dr Kelly’s death. Rather, the features are quite typical, I would say, of self inflicted injury if one ignores all the other features of the case.

Mr Knox. Is there anything else you would like to say concerning the circumstances leading to Dr Kelly’s death?

Dr Hunt. Nothing I could say as a pathologist, no.

My Lord Hutton. Thank you for your very clear evidence Dr Hunt.

“If one ignores all the other features of the case”.

No questions followed, no reporter reported. Surreal was the illusion.

Notes

1. http://news.bbc.co.uk/1/hi/uk_politics/3513812.stm
2. <http://webarchive.nationalarchives.gov.uk/20110628102955/http://www.attorneygeneral.gov.uk/Publications/Documents/Dr%20Allan%20statement%201%20%2021%20July%202003.pdf>
3. <http://dhalpin.infoaction.org.uk/images/stories/D%20Kelly%20Death%20Certificate%2018-08-03.jpg>
4. <http://dhalpin.infoaction.org.uk/23-articles/dr-david-kelly/144-letter-to-ms-c-f-floyd-investigation-officer-general-medical-council>
5. <http://webarchive.nationalarchives.gov.uk/20110628102955/http://www.attorneygeneral.gov.uk/Publications/Documents/Post%20mortem%20report%20by%20Dr%20Hunt%203%20July%202003.pdf>
6. <http://dhalpin.infoaction.org.uk/23-articles/dr-david-kelly?start=10>
7. <http://webarchive.nationalarchives.gov.uk/20110628102955/http://www.attorneygeneral.gov.uk/Publications/Documents/Schedule%20of%20responses%20to%20issues%20raised.pdf>
8. <http://webarchive.nationalarchives.gov.uk/20110628102955/http://www.attorneygeneral.gov.uk/Publications/Documents/Witness%20statement%20by%20Professor%20Flanagan%2012%20March%202011.pdf>
9. <http://webarchive.nationalarchives.gov.uk/20090128221550/http://www.the-hutton-inquiry.org.uk/content/biogs/bio-4.htm>

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