

1 to appear and disappear. It didn't fit with anything
 2 I'd ever seen before."
 3 Patches of bright pinkness on a background of
 4 blue/grey. Why on earth is "didn't fit with anything
 5 I had ever seen before" and that description not
 6 included in these notes?
 7 A. Because as I stated, at the time I did not appreciate
 8 the clinical significance of this whatsoever. Over
 9 time, having seen this on further occasions, and in
 10 retrospect, absolutely. At the time of this and even
 11 at the time that I did a statement for the coroner,
 12 I hadn't really considered this clinically significant.
 13 It's a somewhat clumsy analogy, but the first time
 14 somebody died of COVID in China, nobody probably
 15 recognised that it was COVID. Probably not the second
 16 or the third. But over time you see patterns. Then
 17 when you see patterns you try and put it all together.
 18 Now, as a clinician, as all clinicians, we are
 19 trained to be fully aware of the dangers of cognitive
 20 bias and confirmation bias. And I suspect my learned
 21 friend might suggest to me that this is something that's
 22 a false memory but I sure you absolutely that it's not
 23 and I wouldn't be sitting here under oath saying that
 24 I saw these things. I agree entirely it is not
 25 documented there. But there were many things that went

157

1 on that I probably didn't document either.
 2 Q. You've documented details of the history, haven't you?
 3 A. Yes, that's relevant.
 4 Q. You've documented details of what took place when you
 5 weren't even there, haven't you?
 6 A. Yes.
 7 Q. You have documented colour where you say white and pale,
 8 so colour is in your mind, isn't it? Can you help us
 9 with why it was, if you were trying to work out what had
 10 happened, as you've described, you didn't document that
 11 you'd seen something that didn't fit with anything you'd
 12 ever seen before?
 13 A. Because to my mind it did not fit, it was not clinically
 14 relevant to the presentation that we'd seen. The white
 15 legs could have been because you're thinking poor
 16 circulation, you've got a catheter in a vein, is it
 17 affecting blood flow to the legs, which is unlikely in
 18 a venous cater; that can happen in arterial catheters.
 19 One of the things in my mind was this in the right
 20 place. Yes, it was in the portal vein, but it was in
 21 the venous system not the arterial system. But to my
 22 mind, at the time these notes were written, the clinical
 23 significance of this discolouration did not really occur
 24 to me and that's why it's not documented.
 25 Q. It's not in them because unlike anything you ever saw

158

1 at the time; that's the truth of it, isn't it?
 2 A. Sorry, could you reframe that? I'm not quite sure what
 3 you're asking me.
 4 Q. I'm sorry. It's unlike anything you actually saw at the
 5 time. That's why it's not in the notes, Dr Jayaram.
 6 MR JUSTICE GOSS: I think the question is you didn't
 7 actually see it; is that what you're saying?
 8 MR MYERS: It is, yes, my Lord.
 9 A. You're suggesting I didn't see it? No, absolutely I saw
 10 it, and I have no reason to confabulate why I might have
 11 seen it and I find it as a --- as a professional, as
 12 a paediatrician of 30 years, as a doctor of 32 years, if
 13 my character was such that I would make things up,
 14 I would hope that friends, colleagues, managers, nurses,
 15 patients, parents, would have picked that up well before
 16 now ---
 17 Q. So you have a ---
 18 A. --- and flagged it up.
 19 Q. You have an expectation that everyone would believe
 20 whatever you say, Dr Jayaram? Can I just clarify that
 21 with you?
 22 A. No, of course I don't have an expectation that everybody
 23 believes what I say. I think you've --- I'm not sure
 24 where that's come from.
 25 Q. Let's carry on with the notes:

159

1 "CPR commenced. Resuscitation proceeded [is that?]
 2 as documented" ---
 3 A. Progressed.
 4 Q. "... as documented by Drs Harkness and Wood. Resus..."
 5 What does that say? Could you help us?
 6 A. "Resuscitation drugs given via the UVC.
 7 Dr Rachel Lambie ST6 also present."
 8 Q. Can we just look down a moment, please:
 9 "Rhythm on monitor."
 10 A. Yes:
 11 "Low voltage complexes seen."
 12 Q. Just pausing there, for what it's worth, it doesn't
 13 actually say anything about the UVC having been pulled
 14 away from where it had been sited in the liver, does it?
 15 A. No, it doesn't.
 16 Q. Right. Are you sure that's something that happened,
 17 Dr Jayaram?
 18 A. Um... I remember doing it because I remember, even this
 19 time on, saying it should be done. Even if it wasn't
 20 done and even if the UVC had still remained in the
 21 portal vein, I don't think it would have made any
 22 difference to the efficacy or lack of efficacy of those
 23 drugs.
 24 Q. Let's move down to see what's on the bottom half of
 25 this, please. A reference to the rhythm on the monitor.

160