Harold Shipman, was a respected GP from Hyde in Greater Manchester who, over a period of 20 or more years, was responsible for the murder of around 250 of his patients. In the years since Shipman was convicted (January 2000), two questions are continuously debated. Firstly, what made an apparently caring, competent doctor turn to murder on such a horrific scale? And secondly, why did nobody in authority realise what was going on? The Shipman Inquiry was set up in January 2001, following Shipman’s conviction the previous year for the murder of 15 of his patients.

He committed these murders by injecting his patients with lethal doses of diamorphine, a strong painkiller related to heroin which has legitimate and widespread use in the treatment of the terminal stages of cancer and in other medical conditions. As further information came out both during and after the trial, it became apparent that these were not isolated crimes but merely a small sample of a horrific series of murders committed over as long as 25 years and spanning virtually the whole of Shipman’s professional life.

We will never know exactly what motivated an apparently caring doctor – a doctor who in some respects was in the vanguard of medical practice and who was popular with his patients and respected by his local community – to commit such atrocious crimes.

The inquiry’s reports confirm that Shipman was a devious and unscrupulous character who used his professional reputation and plausible manner to conceal most of the traces of his criminal actions. Nevertheless, the inquiry found that he did let his guard slip on a number of occasions, leaving clues that could and should have been picked up at an earlier stage. On one occasion, two of Shipman’s professional colleagues noticed his use of diamorphine in a condition for which it is not appropriate – but failed to report their concerns. Other people, including a colleague in a neighbouring general practice who countersigned his cremation certificates, eventually noticed the apparently high rate of deaths among his patients – but their concerns were not taken seriously.

Only when Shipman forged the will of one of his victims was serious action taken to unmask his activities. The inquiry concluded that, if stronger safeguards had been in place, either Shipman might have been deterred from his criminal career or at least he would have been detected sooner.

An early Greater Manchester Police investigation was delegated to an officer who was too inexperienced to work without direction and supervision. As a result, the officer in question failed to understand the nature of the concerns he was asked to investigate and failed to follow up what could have been vital leads.

In Shipman’s time there were already avenues open to complaints from patients, and from 1987 onwards doctors had an explicit ethical duty to report any concerns about their colleagues. But these potential safeguards were ineffective, for various reasons:

- a reluctance on the part of patients or members of the general public to voice complaints about health professionals, in part because of the prevailing culture of deference to authority;
- a professional culture which prized loyalty to one’s fellow professionals, even if the safety of patients might be at risk;
- a perception (largely correct) that health care organisations had little influence over GPs and that there was little point in raising concerns if no action was likely to follow.