15 September 2026

From Dr Dewi Evans

My response to the questions posed by Mr Rob Pattinson.

For the avoidance of doubt, nothing in this response should be construed as consent to The Sun, Channel 5, or any other organisation publishing, broadcasting, or otherwise using any extract from the interview conducted with Mr Colin Ferguson. I have made clear that I would only consider participation in any such programme once Mr Ferguson has published his opinion in an appropriate peer-reviewed scientific journal, or has had his paper accepted for publication, and after I have had a proper opportunity to review his findings.

I further note that, although Mr Rob Pattinson asserts that Mr Ferguson has shared his opinion with "neonatologists", Mr Pattinson has not identified any such persons, nor provided any basis upon which their qualifications, independence, or conclusions may be assessed.

I am also concerned that, during our exchanges, Mr Pattinson's approach appeared at times to move beyond that of an investigative journalist seeking clarification and into the position of advancing arguments on behalf of Lucy Letby. That is a matter for him, but it is relevant to my assessment of the fairness and objectivity of the proposed programme.

My responses are in *italics*. Some comments are in *italics* and ***bold***, for emphasis.

News Building, 1 London Bridge Street, SE1 9GF

Opportunity to respond concerning criticisms of your conduct in a forthcoming documentary – Lucy Letby – A Scapegoat? Due to air on Channel 5, on Monday 21 September.

Dear Dr Evans,
As you will be aware from our previous conversations (between March 17 2026 and ongoing), we are producing a documentary examining the investigation, prosecution and convictions of Lucy Letby, including questions that have subsequently been raised about the medical evidence presented at her trials. The programme is scheduled to air at **10pm on Monday 21 September, on Channel Five.**
The programme will make clear that Lucy Letby remains convicted of seven murders and seven attempted murders, that she is serving whole-life orders, and that her challenges to her convictions have so far been unsuccessful.
On [June 3 2026 suggested to have an on-camera discussion with retired vascular surgeon, Colin Ferguson, to discuss competing medical theories surrounding the deaths of the babies at the heart of the Letby conviction. You later clarified with me on July 8 2026 the format of the

meeting would involve recording cameras. Parts of this interview will feature in the programme because of the high public interest in hearing your view on these theories and hearing your responses to Dr Ferguson and my questions, given your role as the lead medical advisor instructed in connection with the police investigation and prosecution. The programme contains serious criticisms of your evidence and methodology. We wish to give you a full and fair opportunity to respond before the programme is finalised.

The proposed criticisms
The programme proposes to report the following matters and criticisms.

My response to Mr Rob Pattinson's questions

1. Your role in identifying air embolism as the primary mechanism of harm and that being the overriding prosecution theory during and since the trial

The programme says that police initially struggled to identify how the babies might have been deliberately harmed and that, after you became involved, you advanced the opinion that air had been injected into babies' veins, causing an air embolism or "airlock" in the heart, which was fatal for the patient. This is now the cause of death you rely on for all seven babies on the murder indictment.

The programme describes your air-embolism opinion as central to the prosecution case. It includes the assertion that the prosecution's allegations of air embolism "relied" on your theory and later characterises Lucy Letby's murder convictions as resting "entirely on the theory of one man", namely you. We note that your work was peer reviewed and supported in court by other experts but there was no wholly blind or independent review that arrived at the same conclusion as you.

The proposition that the prosecution case rested "entirely on the theory of one man" is, in my view, misconceived. It is inaccurate. It demonstrates either a misunderstanding of the manner in which clinicians reach diagnostic conclusions, or an intention to frame the programme in a partisan manner, or both. I address the relevant matters below.

The local consultants themselves identified a connection between the babies' collapses and air embolus following the deaths of the two triplets in June 2016. I was not aware of that fact until it was referred to in evidence during the Letby trial.

My opinion was supported by two highly experienced neonatologists. The fact that they undertook peer review does not detract from their independence. Each reached his or her own conclusions, and in certain respects those conclusions differed from mine. Their overall conclusions supported the existence of suspicious events, deliberate or inflicted harm, and the role of air embolus in causing the deaths.

The evidence was also supported by a substantial body of published literature, including 18 independent peer-reviewed publications. Further relevant articles have been published since the trial.

It is also material that Lucy Letby's Defence team did not call any ***appropriately qualified expert witness*** *to challenge air embolus as a factor in the deaths of the babies or in the sudden deterioration of others.*

2. Absence of air in the heart at post-mortem

The programme says that detailed post-mortem examinations were carried out in six of the seven cases on the murder indictment and that no air was found in the hearts of those babies.
In the programme, Colin Ferguson says that where death results from venous air embolism, air will remain in the right side of the heart or associated vessels after death. He says: "These babies have not died from air embolism."

You are challenged by Colin Ferguson to explain why no air was found in the hearts of these babies. Your response is to say the air "was absorbed" into the surrounding tissue. Colin Ferguson challenges you, saying "that can't happen". He relies on the fact that air holds the same concentration of nitrogen as the surrounding tissue rendering the injected gas inert. You then agree with Colin and state the air must have been there but been missed. You contend neonatal-specific pathologists would miss this in six cases.
The programme proposes to report that this materially undermines your air-embolism opinions.

For present purposes I use the term "air" to include any relevant combination of oxygen and nitrogen. Air would remain within the chambers of the heart only if there were no route by which it could leave. That premise is incorrect. Air may pass through the pulmonary vessels and, particularly in a newborn infant, through the foramen ovale [FO], which is an opening between the right and left atria. A patent ductus arteriosus provides another route by which air may leave the heart.

Once air enters the pulmonary circulation, it may dissipate through the very thin pulmonary vasculature into the airways.

All of the babies received vigorous resuscitation, which in the cases of Infants B and M was successful. Cardiac massage moves blood, fluid, drugs and air. Any change in position during resuscitation can move air (or gas). The asserted inertness of nitrogen is not the relevant point; the relevant point is that it is a gas and is therefore capable of moving within the circulation.

It's not possible to know how much air was injected into an individual baby's circulation, other than to note that a very tiny volume can destabilise a small baby. Therefore in addition to the inevitability of air dissipating because of robust cardiac massage a standard x-ray would be

unlikely to detect tiny air bubbles, especially if the bubbles were found within the thorax, which is naturally full of air within the lungs. Interpretation of an x-ray is of course within the remit of a radiologist.

Mr Ferguson's decision to express firm conclusions on a matter outside his clinical experience is a matter for him. His assertion that air could not leave the heart by the routes identified above is, in my view, undermined by that lack of relevant experience. When asked what caused the babies' deaths, he stated more than once that he did not know because he was "not a neonatologist". That is a significant limitation on the weight that can properly be attached to his opinion.

3. The literature review

During the recorded discussion with Colin Ferguson and myself, reference was made to cases included in a literature review or witness statement prepared by you. The programme proposes to state that you identified 25 previous cases and that air was found in the heart in each of them. The programme further proposes to say that this material showed that you knew air would be found in a patient who had died from air embolism, but that you nevertheless gave evidence that the absence of air in the Letby cases could be explained by its having been absorbed into the body.

The absence of evidence is not evidence of absence. The presence of air in the heart is consistent with air having entered the circulation. Its absence does not exclude that possibility, particularly where air may have dissipated into the pulmonary vasculature during resuscitation or where the volume was too small to be detected radiologically. Both explanations remain, in my opinion, clinically credible.

Astonishingly, whilst Colin was so trenchant in declaring that one cannot diagnose air embolus unless air was found on a post-mortem x-ray, he was wholly dismissive of the presence of air in the great vessels, or air within the skull, stating, without any evidence, that it reflected postmortem change. His lack of neonatology experience is mirrored by his lack of radiological expertise of course.

Prof Owen Arthurs was clear in his opinion, noting that the presence of air on the postmortem x-ray was "consistent with but not diagnostic of air embolus". His opinion was not challenged by the Defence. They did not call any radiologists. Although air may occur quickly post death it was Interesting to hear that if the air represented postmortem putrefaction one would expect to find degenerative change in the surrounding brain tissues. There was none found [in Baby D]. This would reinforce the clinical opinion that the air in Baby D's skull was from air injected into her circulation, which had gone from a vein, into the heart, across the FO, and into the brain. [This sequence has been described in other publications. It's not a controversial view.]

4. Allegation that your explanation changed

The programme includes a section of the recorded discussion in which you say that air dissipates over time and can leak into other tissues. Later in the discussion, you say that the volumes involved may not have been large and that the air could have been overlooked at post-mortem.
The proposed commentary says that, after being challenged, you "changed" your explanation from air having been absorbed to air having been missed.
I then questions: "Does this mean Dr Evans has changed his mind? Has this helped preserve the claims that keep Lucy Letby behind bars?"
That wording suggests that you altered your medical explanation in the moment. We invite you to respond specifically to that allegation.

The suggestion that my explanation changed is misplaced. Whether air was not seen because it dissipated, because the volume was too small to detect, or because both factors applied is not an either/or question. It is entirely consistent to say that the absence of visible air on post-mortem imaging may be explained by dissipation into the pulmonary vasculature, by the small number or size of bubbles, or by a combination of both.

5. Allegation that there was no physical evidence of air embolism.

The programme says that its journalists contacted other experts, including a neonatologist and medical practitioners familiar with air embolism, and that those experts agreed that there was "no physical evidence at all" of air embolism in any of the cases.
The programme proposes to conclude that, if those opinions are correct, there was no established method of murder in the cases in which Lucy Letby was convicted of killing babies by air embolism.

Lee's updated publication, from December 2024, lists the numerous features one finds in babies whose collapse results from air embolus. Many of the babies from Chester exhibited virtually identical characteristics to those described by Lee. [I think that I have forwarded you and Colin a copy. If not, I'll forward one to you.]

If unnamed "experts" are relied upon for the proposition that there was "no physical evidence at all", then fairness requires that their names, qualifications, instructions, sources and reasoning be disclosed. The prosecution experts gave evidence on oath, were subject to cross-examination, and did so in the knowledge that their evidence would be scrutinised publicly.

As for your "medical practitioners familiar with air embolism"; I would be interested to know of their experience of air embolism in babies. Air embolism in babies is incredibly rare.

It's over 3 years since Letby was convicted of these murders. I've yet to see a single report from a single reputable individual, presented according to the format advised by the Ministry of Justice guidelines for expert witnesses or GMC guidelines.

In stating "Colin Ferguson states in the programme that the babies did not die from air embolism and that he is certain of that conclusion." you are giving biblical authenticity to a medical practitioner with ***no experience of medico-legal practice, no experience of forensic work****,* ***no experience of neonatology,*** *and happily admits that he doesn't know why these babies died as he is* ***"not a neonatologist."****.*

[You may have read this week that Chase & Shannon, who were critical of the way insulin was measured, and produced a 100-page report, which I have not seen, have now removed themselves from Letby's Defence team.]

6. Independence and methodology

The programme raises a wider criticism that the police investigation was affected by confirmation bias and became focused on Lucy Letby before investigators had independently established that crimes had occurred.
Against that background, the programme questions whether your work identified evidence of deliberate harm independently or instead supplied a medical mechanism capable of supporting an existing police theory. It includes criticism that investigators used information to build a case against a particular person rather than testing all the available information objectively.

That allegation is factually incorrect. Although Lucy Letby had been removed from clinical duties in July 2016, approximately 12 months before my involvement began, I was not aware of that fact and did not know that the police had any suspect (or suspects). I first became aware of her name in early July 2018, ***after*** *I had presented my preliminary reports on all the babies who featured in her trial, save for the second insulin case. My reports addressed* ***what*** *occurred,* ***when*** *it occurred, and* ***how*** *it occurred. They did not and could not identify* ***who****, if anyone, was responsible. There was no pre-existing police theory supplied to me.*

7. Scope of your expertise

The programme identifies you as a retired paediatrician and police medical adviser and contrasts your opinions with those of contributors said to have specialist experience in vascular surgery, neonatology or neonatal pathology. It suggests that questions concerning the behaviour of air within the cardiovascular system and its appearance at post-mortem may fall outside your particular specialist expertise.

My neonatology experience goes back to the late 1970s. I was actively involved in neonatal practice for over 30 years, and having retired from my NHS role in 2009 continued to engage with neonatal care through my medico-legal practice until 2022.

I led the neonatology part of the 3 years' multi-disciplinary research investigating every neonatal death in the old West Glamorgan Health Authority (1981 – 1983). The study looked at all neonatal deaths [and stillbirths] from a birth population of approximately 5,000 per annum, covering a population of around 500,000.

You may wish to compare my contribution to this case with that of Shoo Lee. He's an epidemiologist, I've yet to hear whether he held a ***consultant position*** *as a* ***clinical neonatologist****, and if so, for how long. His input into the Letby trial results from one research paper he published in 1989 where he describes 3 babies who died from air embolus in Toronto. The remaining 47 infants were gleaned from other publications.*

I'm unaware of any other publication of his on this subject other than the 2024 update. I'm on record as noting that if the 2024 update had been available before Letby's trial his evidence would have been useful for the prosecution. But of course, in addition to what would appear to be his relative lack of senior clinical experience (which you have failed to confirm to me despite several requests) he has ***no medico-legal experience****, therefore* ***no forensic experience****. This was obvious from his presentation to a partisan press audience when he declared that there were "no murders'. If he was engaged with medico-legal work he would have known that witnesses should not engage in what the court describes as "findings of fact". In a criminal trial the decision regarding whether the defendant is guilty or not a matter for the jury, with directions from the Judge. In the Civil or Family Court, it's a matter for the Judge, and for several judges in the Court of Appeal. Your lawyers will confirm this observation for you.*

8. The recorded meeting with Colin Ferguson and Rob Pattinson

The programme includes substantial extracts from your recorded discussion with Colin and myself. It shows disagreement about whether air would remain detectable after death, whether the literature supports your explanation, and whether air could have been overlooked in six of seven cases.
The programme also includes footage of you ending the discussion after saying that it was going round in circles. Commentary says that you stood by your theory.

As stated at the outset, I have not entered into any agreement permitting my comments to be broadcast or otherwise used by any organisation. To do so without my agreement would, in my view, be inconsistent with the basis upon which I agreed, as a courtesy, to meet with you and Mr Ferguson. I do confirm that, in my view, Mr Ferguson's argument became circular, and I was disappointed by the lack of substance in the alternative theory he tried to advance.

As for my opinion, it's not a "theory". It was based on what is known as "Evidence Based Medicine", where the evidence is based on one's own experience, the experience of experienced clinicians from similar and allied medical disciplines, evidence from peer reviewed journals, and evidence from publications that involves meta-analysis.

9. Allegation concerning the legal significance of your evidence

The programme says that, because you were a key prosecution witness, an admission by you of doubts about your trial evidence could result in Lucy Letby "walking free". It also describes your theory as what "keeps her behind bars".

It is not for me to determine what verdict a jury might have reached on any particular part of the evidence standing alone. I did, however, hear the evidence of the local nurses and doctors over many months, and in my view that evidence was substantial. The suggestion that my evidence alone is what "keeps her behind bars" is an oversimplification and does not fairly reflect the breadth of the evidence presented at trial.

Response arrangements

We invite you to provide a written response by **Thursday 17 September**.
Unless otherwise agreed in advance, we may quote from or fairly summarise your response in the programme and related publicity. If you wish to provide any information on a background or non-publishable basis, please identify it expressly and agree the basis with us before providing it.
If we do not receive a response by the stated deadline, the programme may say that you were given an opportunity to respond and either did not respond or did not provide a response for broadcast.

You are welcome to respond to the queries I have made. As you know I made a record of the interview with Colin Ferguson and am keen that nothing I have said is quoted 'out of context'.

Finally, I repeat that I do not consent to the release, broadcast, publication, or use of any content from the interview with Mr Pattinson and Mr Ferguson unless and until Mr Ferguson's proposed publication is released, or I am provided with a pre-publication copy on a confidential basis so that I may make objective observations. Nothing in this letter should be treated as a waiver of that position.

Dr D R Evans

15 Sept 2026