Gmail

Guardian 16 Sept 2026

Dewi Evans [redacted] Fri, Sep 18, 2026 at 5:19 AM
To: David Conn <david.conn@theguardian.com>
Cc: josh Halliday <josh.halliday@theguardian.com>, "katharine.viner@theguardian.com" <katharine.viner@theguardian.com>

From Dr Dewi Evans

Mr David Conn

david.conn@theguardian.com

Dear David

Re: Guardian article 16 Sept 2026

I was very disappointed to read your latest article, which in my view maintains your unbalanced approach to the conviction of Lucy Letby. Opening by invoking the Andrew Malkinson miscarriage of justice invites a comparison that, in my view, is not supported by the evidence heard at Letby's trial.

Your continued definition of Dr Shoo lee as the "renowned" Canadian neonatologist, and your willingness to confer some kind of biblical authentication on his statements cannot be substantiated by the facts regarding his professional background. His sole direct contribution to the Letby case appears to have been his 1989 research paper describing three babies who died from air embolus, with the other 47 cases in that study drawn from other publications. Apart from his December 2024 update, which describes 117 cases, I am unaware of any other publication by him that identifies air embolism as a factor in the death of newborn babies. His research did not feature in any of the 29 preliminary reports I prepared for Cheshire Police, before Letby's name was disclosed by the police.

Of more significance is his professional background. Dr Lee is an epidemiologist, a discipline central to population studies. I am unaware of the breadth of his senior experience as a clinical consultant neonatologist. He has also said that he did not undertake medico-legal work "because I don't like it", which raises a fair question about the weight that should be placed on his forensic opinions in this case. Given those limitations, I am surprised by the degree of authority your article appears to give his conclusions.

The 14 members of his "International Panel" include 9 individuals from North America and just one English neonatologist — hardly, in my view, "a large group of 'British' and international experts". The panel members were recruited directly by Dr Lee following his email appeal. What remains unclear is how many people he contacted and how many declined. Without that information, particularly in relation to clinicians in England, readers cannot properly assess the breadth or balance of the selection process. [Channel 4 disclosed an email from an English-based neonatologist — name redacted — who rejected his request. How many others turned down his plea?]

Lee's Panel's findings have never been published in full in the form expected of expert witness reports under the relevant Ministry of Justice guidance. I have read their summaries, published around December 2024. They are awash with factual inaccuracies. Defence witness Dr Mike Hall went on record immediately declaring that their

findings could "jeopardise" Letby's defence. I enclose some examples, just to give you a flavour of how clinically unsound they are. Lee's conclusions in the other cases are equally erroneous.

In Baby A's death Lee's Panel claims that there was no evidence of air embolus. Lee's 2024 publication describes the following features in relation to air embolism, "*The most common presentation* [of vascular air embolism in neonates] *was acute clinical deterioration, with desaturation, bradycardia, hypotension, collapse and drowsiness."* They add; *Cyanosis, pallor and mottling were commonly associated non-specific generalized skin discolorations and reflect hypoperfusion and oxygen deprivation resulting from circulatory collapse. Non-specific localized transient skin discolorations, including blanching, blue-black, red or vivid patches, and migrating areas of pallor in the extremities, were reported in 6 infants (7.3%) with lung injury/assisted respiratory support and 1 infant (5%) with surgery, but not among infants with accidental IV air injection or other causes.*

Air bubbles can also cause transient skin discoloration through blood vessel occlusion or spasm induced by irritation of the gas.

At Letby's trial one of the consultant paediatricians described Baby A as "very pale and blue but he had unusual pink patches that appeared mainly on his torso which seemed to appear and disappear and flit around." They "had not seen anything like this before."

Lee's Panel blandly declare that "There was no evidence of air embolism." The baby's doctors describe characteristics during the infant's deterioration, and which led to his death that are virtually identical to the characteristics Lee describes in his 2024 update. Baby A's clinical condition is also described in detail in paragraphs 3.1 to 3.18 of Lady Thirlwall's report.

Lee's panel claim, without any proof, that "A thrombus from the catheter tip likely migrated to an artery supplying the brain stem, causing sudden collapse and inability to resuscitate the infant." No such thrombus was found at autopsy. Any clot large enough to cause the collapse and death of an otherwise stable infant would be expected to leave post-mortem evidence. The autopsy was detailed — noting, for example, a thrombus at the tip of the umbilical catheter, probably a post-death finding — yet no thrombus was found in any blood vessel supplying the brain or any other organ.

The inaccuracies in relation to Baby A's death are, in my view, stark. They call into question whether Dr Lee's panel has properly applied the features described in his own research to the evidence in this case. Has he understood the findings of his own publication in other words?

A similar problem arises in the panel's treatment of Baby D's death. The issues of delayed antibiotics and antenatal infectionwere addressed in detail by me and others at trial. Consultant pathologist Andreas Marnerides described the baby as having died with pneumonia, not from pneumonia; in other words, the antenatal infection was not, on the evidence, the cause of death. Once again, according to Lee's panel, there was no evidence of air embolism, despite Baby D exhibiting features of air embolism like those described by Lee above and described in detail in paragraphs 3.82 to 3.94 of Lady Thirlwall's report.

The Panel claims that the baby *"… showed signs of worsening infection, with fever, intolerance of CPAP removal …"* This is incorrect! Baby D's oxygen saturation was recorded as 100%, 94% and 99% right up to 03.00 hr (around the time she collapsed). She was in "21% oxygen", i.e, air, throughout. Apart from one temperature reading of 37.2 [07.00 hr on 21 June], her temperature chart shows normal values of just under 37.0 throughout.

The panel's most inaccurate claim is that Baby D died from DIC (disseminated intravascular coagulation). Nothing indicating DIC was noted at autopsy. I have seen the results of what are known as coagulation studies. recorded in the clinical notes around the time of her collapse. Prothrombin was slightly raised at 18.9 seconds (normal range for term babies 8.5–14.1 seconds), APTT was 44.0 seconds (normal range 28.0–55.0 seconds), and the platelet count was 170 (normal range 150–400). DIC severe enough to cause

collapse and death is associated with very marked abnormalities in those tests. Baby D did not have DIC and did not die from DIC.

During my clinical practice I served as an examiner for the Royal College of Paediatrics and Child Health postgraduate examination (MRCPCH). If a trainee paediatrician had suggested, on these facts, that Baby D had features of DIC or had died from DIC, I would have regarded it as a serious clinical error and would probably have failed them. It is one reason why I question the strength of the panel's clinical analysis.

My third example is Baby G, who survived but has been left severely disabled. The panel attributes her deterioration to enterovirus and states that "There is no evidence to support air injection into the stomach or overfeeding." That conclusion does not, in my view, confront the basic arithmetic of the clinical records.

Baby G's deterioration followed projectile vomiting, abdominal distension and respiratory arrest. Although she was receiving 45 ml of milk every three hours, 45 ml of milk remained in her stomach after she had vomited three times across the nursery floor. A further 100 ml of air and milk was aspirated later. The panel does not explain the cause of the abdominal distension and discolouration, the source of the residual 45 ml of milk, or the milk component of the later 100 ml aspirate. And, of course, they fail to appreciate a further episode of projectile vomiting 2 weeks later, once more when in Lucy Letby's care.

The panel's explanations regarding the insulin poisonings [Infants F and L] are, in my view, utterly confusing. Chase and Shannon had led criticisms of the prosecution case by arguing that the methods used to measure insulin were unreliable. Your report fails to address their recent withdrawal of support (14 Sept 2026) from Letby's defence. That would presumably get in the way of your partisan narrative. The evidence of insulin poisoning was clear and compelling. I now believe Cheshire Police should re-examine two further babies whose hypoglycaemia appears highly likely to have been due to insulin poisoning. [One of the babies was found to have an insulin level of over 6,000 - only discovered by me after watching the Panorama programme] Both babies' low glucose values occurred when in Lucy Letby's care.

I've reviewed the other summaries from the Panel. They also contain astonishing claims but limit my letter to the infants noted above.

Shoo Lee's findings rank amongst the most inaccurate I have seen during the whole of my 35 years as an expert witness in courts throughout the British Isles. His lack of experience of the judicial system is obvious from his decision, in front of a partisan press, to declare that "There were no murders." Expert witness guidelines stress that a witness should not engage in what are known as 'findings of fact.' Any experienced witness would know that the decision regarding the guilt or innocence of a defendant is a matter for the Court. In criminal cases the decision is made by a jury, with direction from a judge. The Judge decides in the Civil and Family Court. The Court of Appeal may involve several Judges.

As for Mark McDonald, Letby's barrister, I confine myself to this: according to Ben Cole on Substack, he has been involved in 22 appeal cases and has lost them all. If accurate, that record is relevant context for readers assessing the strength of his public statements about this case. His numerous press and media offerings show that his understanding of his brief does not extend beyond the occasional soundbite topped up by the usual bombast and bluster.

I am deeply disappointed by your article. I had expected better from The Guardian, especially from an investigative journalist writing about a case of such gravity. Once the evidence did not support the narrative you appear to favour, meaningful engagement seemed to stop. That is precisely why public trust in journalism is so fragile. If I cannot rely on The Guardian's treatment of a subject that has been a significant part of my professional life for nearly ten years, I must ask how far I can rely on it in areas where I do not have the same degree of information. I am therefore cancelling my Guardian subscription, which probably goes back over 50 years. I will rely instead on The Economist, nation.cymru, Golwg and several Substack contributors. I may return,

but I would not bank on it. But I do hope John Crace and Nesrine Malik find independent outlets for their work; their writing remains a source of inspiration in difficult times.

I am copying this letter to journalists and other informed individuals who have covered this tragic case with care, objectivity and sensitivity. They are welcome to report its contents. The conclusions of Lee's Panel are clinically seriously flawed. Guardian readers deserve a fuller account of their limitations.

Dewi Evans
18 Sept 2026