

Witness Name: Dr Jonathan Wilde

Statement No.: WITN3086008

Exhibits: None

Dated: 9 July 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JONATHAN WILDE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated 20 May 2020 in response to criticisms made by **W1088** in witness statement **WITN1088001**

I, **Dr Jonathan Wilde**, will say as follows: -

Section 1: Introduction

1. My name is Dr Jonathan Thornton Wilde MA, MB, BChir, MRCP, FRCPath, MD of GRO-C Somerset, GRO-C. I was born on GRO-C GRO-C 1954. I retired from all clinical practice in August 2016.

2. Previous positions.

-Registrar in Haematology, Northern General Hospital, Sheffield Nov 1984 to Oct 1986.

-Lecturer in Haematology, Royal Hallamshire Hospital, Sheffield Oct 1986 to Oct 1988.

-Senior Registrar in Haematology, Royal Liverpool Hospital, Nov 1988 to Nov 1992.

-Consultant in Haematology with specialism in Haemostasis and Thrombosis and director of the Haemophilia Service, Queen Elizabeth Hospital Birmingham, Nov 1992 to Aug 2016.

3. I was a member of the UK Haemophilia Doctors Organisation from 1992 to 2016 and a member of the UKHCDO transfusion transmitted infection working party throughout the life of this group from about 1996 to 2010.
4. Unfortunately, as these alleged incidents/events occurred many years ago (some nearly 30 years ago) I have no specific recollection of them. I have not been provided with any of the relevant medical records by the Inquiry. For that reason, I should like to reserve the right to make a supplemental statement, should the medical records be made available, and should that be necessary.

Section 2: Responses to criticisms made by Witness W1088 in statement number: WITN1088001

I shall deal with each in turn.

Paragraphs 8 and 10:

5. As I mentioned above, without access to the medical records, I am unable to recollect this appointment or what happened with any certainty. I have no specific memory of this consultation; however, I appreciate that delivering a diagnosis of this kind requires compassion. My patients and their wellbeing were always my foremost priority. While I may not have always delivered the bad news in the manner an individual patient would, on reflection, have preferred, I always did my best to ensure the information was conveyed sensitively and, in a way, that it was understood. Naturally, I wish to apologise if the way in which I informed this witness's husband of his HCV diagnosis felt "off the cuff" or dismissive in some way. I also apologise for any distress caused due to the perceived lack of compassion for the witness and her husband. Without reference to medical records, I can offer no explanation for the failure to provide him with a follow up appointment and I am truly sorry for the negative impression this created and the distress it caused.

Paragraphs 9-11 inclusive:

6. As I mentioned above, I have no recollection of this consultation and therefore cannot comment on the information I gave her husband with regard to his HIV, HBV and HCV infections. I think it very unlikely that I only told the witness and her husband not to have unprotected sex as that does not accord with my usual practice which would have been to give full counselling regarding the HCV infection. The appointment length may have curtailed my ability to give all the information I would have normally liked but without access to the records I would be surmising.

Paragraphs 10 and 13:

7. It is likely that he would have been screened for HIV and HCV by one of my predecessors. I do not know if these were performed separate from the reported HBV infection. Without the date of the tests, I cannot comment on any aspect including why consent was not obtained for the tests. I completely refute the suggestion and it is simply not credible to suggest that this witness' husband was used as a "lab rat" or that he was deliberately infected with the viruses to help find a cure.

Paragraph 12:

8. I have no recollection of this alleged event occurring at all. I can say that in or around 2004, UKHCDO (UK Haemophilia Doctors Organisation) requested that we inform all bleeding disorder patients of their vCJD 'at risk' status. This was done by letter. It is possible that if a patient was in the hospital at the time we were distributing the letters it would have been given to them in person. It would have been unlikely that he received no counselling with regard to the contents of the letter if it had been given to him in person. The witness mentions 2000 or 2001 as the year that this event occurred. This would have been too early as the letters informing patients of the vCJD at risk status took place in 2004.

Section 3 : Other Issues

1.

N/A

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed _____ GRO-C _____

Dated _____ 9/7/2020 _____