

Witness Name: Dr Vivian Eric Mitchell

Statement No.: W3174002

Exhibits: None

Dated: 2nd July 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR VIVIAN ERIC MITCHELL

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19 May 2020.

I, Dr Vivian Eric Mitchell will say as follows: -

Section 1: Introduction

1. My name is Dr Vivian Eric Mitchell. My date of birth is [GRO-C] 1945. My address is [GRO-C]. My professional qualifications are MB, ChB, FRCP, FRCPath.
2. I was appointed Consultant Haematologist to Leicester Area Health Authority (T) in November 1979. I was responsible with two colleagues for providing a full clinical and laboratory service to three acute teaching hospitals and a population of one million. I was responsible for developing a service in haemostasis and thrombosis including haemophilia.
3. Most of my time and work was by necessity in clinical and laboratory haematology for many years. However, I was also working to develop haemophilia services in Leicester from an embryonic beginning. From the outset I believed that recurrent treatment with blood products was potentially hazardous and with the help of the Haemophilia Sister was able to implement a comprehensive treatment policy from 1980 designed to reduce the risks.
4. I was a member of the United Kingdom Haemophilia Doctors Organisation and much later a committee member until my retirement in 2003.

Section 2: Responses to criticism of W1620

1. Paragraphs 28-30

I remember Witness W1620 well and was sorry to read what had happened to him. However, I do not remember discussions which took place 35 years ago and have not seen the relevant clinical notes.

Witness W1620 registered with the Leicester Haemophilia Centre in 1985. He had already tested positive for HTLV111 (later HIV) antibody at the Royal Free Hospital but neither he nor we were aware of this. He was invited to attend the centre to be tested and records (paragraph 43) that he gave informed consent.

It was my practice to see patients individually often in the presence of the haemophilia sister to inform them of the result of their HTLV111 antibody tests, counsel them on its significance and allow time for discussion and questions. I would have given W1620 the available information known to me at that time about this new virus. This would have been updated by myself and others as more became known. His health would have been assessed at every attendance at regular Haemophilia Review Clinics when there would have been the opportunity to raise any concerns. He would also have been regularly reviewed by Professor Nicholson and Dr Weiselka, Consultants in Infectious Diseases who would have provided up to date information and supervised his treatment for HIV.

2. Paragraphs 34-35

Witness W1620 states that he tested positive for HCV infection in 1989-90. The test was done with informed consent at Leicester Haemophilia Centre. It is probable that he was infected years before this but a test for HCV antibody was not available earlier. He was informed of the result by myself but states that he does not remember the discussion or any information he was given about hepatitis C. I would have given the information I had on the significance and implications of this test and what was known of this recently identified virus. There then would have been further follow up and advice in Haemophilia Review Clinics and by colleagues in the Infectious Diseases Department. Patients who were HCV positive were also reviewed by the consultant hepatologist. I expect and believe that with increasing knowledge of the natural history of HCV infection that counselling about alcohol consumption was given by one or more of these sources.

I understand that Witness W1620 felt the need for independent counselling and I very much regret that this was not available at that time.

Statement of Truth

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

Signed GRO-C

Dated 2nd July 2020