Witness Name: Geoffrey Dusheiko

Statement No.: WITN3754021

Exhibits: WITN3754022-35

Dated: 24 July 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR GEOFFREY DUSHEIKO

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 May 2020.

I, Geoffrey Dusheiko, will say as follows: -

Section 1: Introduction

1. My name, address, date of birth and professional qualifications are as follows: Geoffrey Mark Dusheiko, Liver Unit, Kings College Hospital London UK. GRO-C 1948 MB BCh (Wits) FCP(SA) FRCP FRCP (Edin).

2. The positions I have held as a doctor, the organisations in which I have held these positions and my role and responsibilities in these positions are as follows:

   - Intern, Medicine Baragwanath Hospital, Johannesburg, 2 January 1973 to June 1973
   - Intern, Surgery Baragwanath Hospital, Johannesburg, July 1973 to December 1973
   - Locum Tenens positions January 1974 to July 1974: Paediatric Ward Northwick Park Hospital, Middlesex, U.K; Dr H.B. Valman, General Practice, Johannesburg; A.E.C.I, Modderfontein
   - Sen. Intern Paediatrics, Johannesburg Childrens Hospital, July to December, 1974
   - Sen. Intern Cardiology , Johannesburg Hospital, January to June, 1975
   - Registrar Medicine (Respiratory, Endocrine, Neurology, Coronary intensive care units, Haematology, General medicine), Johannesburg Hospital, July 1975 to July 1978
   - Research Fellow, Liver Unit, Johannesburg Hospital, July 1978 to July 1979
   - Visiting research associate, Liver Unit (South African Medical Research Council Fellow), Liver Diseases Section, National Institutes of Health Washington DC USA, August 1979 to July 1981
   - Senior Physician (Consultant), Hillbrow and Johannesburg Hospital, August 1981 to December 1983
   - Unit Head (Consultant and Ward Head), Hillbrow and Johannesburg Hospital, January 1984 to December 1987

- Guest Researcher (Vice Chancellor's Research Award), Dept of Microbiology, University of Minnesota USA, September 1986 to March 1987
- Senior Lecturer, Academic Dept Medicine, Royal Free Hospital School of Medicine, January 1988
- Reader in Medicine, Royal Free Hospital School of Medicine, 1989
- Professor of Medicine, Royal Free Hospital and University College School of Medicine 1996
- Emeritus Professor of Medicine, University College London Medical School, January 2014
- Consultant Hepatologist, Royal Free Hospital London, 2014-2016
- Consultant Hepatologist, Liver Unit, Kings College Hospital London UK, 2016-to date
- Interim Deputy Director, Blood safety, Hepatitis HIV and STI National Infection Service, Public Health England, March 2019 to December 2019

3. I have served on NICE panels, National Institutes of Health USA hepatitis consensus panels, EASL guidelines committees, World Health Organisation advisory boards, the Skipton Fund, NHS EIBSS and have advised Thalassemia and Haemophilia Societies in the past.

Section 2: Responses to criticism of W1997

4. Thank you for the opportunity to respond to the witness statement of W1997 dated 27 August 2019.

At paragraph 20 of his statement, witness W1997 states that after he was referred to you following his diagnosis with hepatitis C in 2002, he found you to have a robotic interview style, as if you were reading from a script, and did not let him speak or ask questions. Please comment on this.

5. I have not been accused of being robotic before. My role when I saw the patient on 22 August 2002, at his first consultation, was to take a history, conduct an appropriate physical examination and ensure an appropriate diagnosis and management. The first consultation, in a busy, extensively overbooked NHS clinic was methodical and systematic. Three pages of notes were recorded, (**WITN3754022**) and arrangements made for his work up and follow up. A letter to his GP followed (**WITN3754023**).
6. This assertion does not accord with the statement made by W1997 (See point 15 "I was quite inquisitive and direct and asked lots of questions").

At paragraphs 20-21, witness W1997 states that he felt you were not promoting his best interests; that your motive in treating him was "to find out what would happen"; and that he felt he was being treated like a guinea pig. Please comment on this.

7. I believed then, as I believe now, that W1997 shared an aspiration to be treated and cured of his hepatitis C and participated fully in decision making. Time may have changed his view.
8. The assertion that the care of W1997 was unfeeling and not in the patient's best interest is unfounded. He was offered treatment and care over a long period and supported at times of vulnerability by the hepatitis team.
9. W1997 had frequent contact with the hepatitis team who offered communication and advice throughout treatment.

10. His first consultation, although delayed, resulted in a rapid assessment and liver biopsy.
11. I immediately wrote to the contracts office, twice, on 29 August and 2nd October 2002 (**WITN3754024** and **WITN3754025**). to look into the possibility of acquiring treatment for his hepatitis C.
12. We eventually obtained treatment access via a compassionate use program – the patient signed consent for expanded access use of Peginterferon alpha-2a on 14 January 2003 (**WITN3754026**).
13. We continued to monitor him while appraising him of new therapies in development (**WITN3754027** and **WITN3754028**).
14. At his request we obtained compassionate use telaprevir although he did not have advanced fibrosis or cirrhosis, and thus strictly did not qualify for named patient treatment (**WITN3754029**).
15. His follow up and care fortunately eventually culminated in cure of his disease with improved antiviral therapies, which he was able to access in France.

At paragraph 21, witness W1997 states that you informed him that the treatment (which he later describes as Interferon and Ribavirin) was his only option to get better, and he was not given sufficient warning of the possible side effects. Please comment on this.

16. See point 15 "I was quite inquisitive and direct and asked lots of questions". His interest was appropriate, and preferable.
17. See point 21 of his witness statement: "Dr Dusheiko was there to cure me".
18. Interferon and ribavirin were the only approved treatments for hepatitis C that could be offered at the time. The patient would have had numerous opportunities to discuss treatment both before and during treatment, with the interferon hepatitis treatment team. Indeed, in point 15 he (rightly) compliments a member of the nursing treatment team.
19. I wrote twice to the Contracts Office to try to expedite pegylated alpha interferon treatment (**WITN3754024** and **WITN3754025**).
20. The letter of 2 October 2002 indicates that "he is highly motivated to have treatment and indeed has requested that I write as soon as possible for him to have treatment" (**WITN3754025**).
21. The hepatitis team received a note from his GP regarding the delay in starting treatment "Mr Wellman is getting increasingly concerned that the wait is in fact causing problems to his health" (**WITN3754030**).
22. The clinical notes of 11 February 2003 document "injection technique taught, "side effects discussed, contact numbers given" (**WITN3754031**).
23. The patient signed consent for expanded access Roferon (**WITN3754026**).
24. The side effects were detailed both to the patient and his caring and involved GP. See letter of 8 May 2003 in which no less than 17 common side effects of pegylated and interferon and ribavirin were listed (**WITN3754032**).
25. Note penned "Exception applied for- discussed with Dr <>. Patient expressed desperation for treatment. Fibroscan 8.1 – increasing fibrosis" (**WITN3754029).**
26. Clinic letter of 24 March 2011 states "the patient is keen to be retreated with Telaprevir and indeed I agree he is a good candidate for re-treatment. ….We have to wait a NICE decision…At the same time <> is keen to have retreatment (I fully understand this) and therefore will, on his behalf make enquiries to his Primary care Trust for treatment when this is available. I would urge the patient also to get involved in this application as a patient's voice will play an important role." (**WITN3754033**).

At paragraph 29, witness W1997 states that in 2010, he became aware of a clinical trial of Telaprevir, Interferon and Ribavirin, which he eventually joined in 2012. Witness W1997 recalls that you presented the trial as his only option but did not explain the possible side effects. Witness W1997 states that after completing the treatment, he felt that his doctors had known it was a "killer treatment" but had not given him proper warning. Please comment on this.

27. We continued to monitor the patient until the advent of new retreatment options became available (**WITN3754027**).
28. W1997 was a well-informed patient who availed himself of developments in the field – appropriately - and would have had access to the existing body of information on teleprevir. He wanted to know about new treatments, as I wrote on 22 June 2007 "He was keen to know about new treatments and I discussed these with him and I indicated that there is an urgent unmet need for new protease and polymerase inhibitors to complement our therapy for non responders. These studies are making reasonable progress." (**WITN3754034**) He requested treatment via the named patient program, although he did not have the stipulated METAVIR F3 or F4 proven on liver biopsy. On 5 October 2006 I wrote "At the moment we are not offering him further treatment as a non-responder. I have discussed new therapies with him, which hopefully will materialise in the not too distant future, either as a licence(d) drug or clinical trials" (**WITN3754027**).
29. I acted on his behalf. I noted on the form: "Exception applied for. Discussed with Dr….patient expressed desperation for treatment Fibroscan 8.1 increasing fibrosis" (**WITN3754029**).
30. The notes of his screening visit for telaprevir indicate "discussed side effects of treatment. Need to remain in London at least 5 weeks" (**WITN3754035**).
31. The notes of 18 January 2012 indicate "commencing triple therapy with telaprevir…. Written information given" (**WITN3754036**).
32. Teleprevir and boceprevir were first generation protease inhibitors. The early limitations of telaprevir, including class specific adverse events and a low genetic barrier to resistance were overcome with second and third generation pan-genotypic protease inhibitors. However, the protease inhibitors opened the door to improved oral antiviral treatments.
33. Research into antiviral treatment proceeded in lock-step with drug discovery. Patients who participated in these trials deserve immense gratitude and acknowledgement for their willingness to advance treatment, not as guinea pigs, but as willing participants with capacity to give informed consent. Incremental rates of cure were achieved via these efforts.

At paragraph 22, witness W1997 states that he is aware that you worked as a consultant for the Skipton Fund and expresses the belief that you may have been involved in a cover up. Please comment on this.

34. The assertion that the Skipton Fund was involved in a cover up is ludicrous. The Skipton Fund acted within its jurisdiction to disburse hundreds of millions of pounds to recipients infected with hepatitis C. The charity's Annual Directors' reports and financial statements are filed.

Statement of Truth

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

Signed _____ GRO-C

Dated 24 July 2020

G Dusheiko

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Table of exhibits:

Date	Notes/ Description	Exhibit number
22/08/02	Clinical notes	WITN3754022
29/08/02	Letter to GP	WITN3754023
29/08/02	Letter to contracts office	WITN3754024
02/10/02	Letter to contracts office	WITN3754025
14/01/03	Consent form	WITN3754026
05/10/06	Letter to GP	WITN3754027
26/08/04	Clinical notes	WITN3754028
01/06/11	Declaration form	WITN3754029
24/12/02	Letter to hepatitis C unit	WITN3754030
11/02/03	Clinical notes	WITN3754031
08/05/03	Letter to GP	WITN3754032
24/03/11	Clinical note	WITN3754033
22/06/07	Letter to GP	WITN3754034
18/01/12	Clinical notes	WITN3754035