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Witness Name: **GRO-B**
Statement No.: **WITN0206001**
Exhibits: **Nil**
Dated: 22 January 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF **GRO-B**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28/09/2018.

I, **GRO-B** will say as follows: -

Section 1. Introduction

1. My name is **GRO-B** and my date of birth and address are known to the Inquiry. I am married with two children and I work as a special needs teacher. I am also the daughter of **GRO-B: F**
2. I intend to speak about my Dad who was infected with the Hepatitis C virus through a blood transfusion. In particular, the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.

Section 2. How Infected

3. My Dad was of very good health and he was a very fit man. He did lots of walking and sports but then suddenly he developed jaundice, tiredness and he was very sleepy.
4. After examination by the medical professionals, he found out that he had a blockage in his bile duct.

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5. On 6 June 1988, my Dad had an operation at the Glasgow Royal Infirmary to remove the blockage. The operation was carried out by Professor Carter who is a Consultant Liver Specialist. He was usually based in Edinburgh but he was in Glasgow at the time of my Dad's operation.
6. However, during the operation, they found that a part of Dad's liver had died due to the blockage. He had to have this part of his liver removed. It was during this operation that Dad received a blood transfusion. I do not know how many units of blood was given but he only had one blood transfusion. For the sake of clarity, my Dad has never taken any intravenous drugs and he did not have any tattoos.
7. Prior to the blood transfusions, my Dad was not given any information about the risk of being exposed to an infection. However he would have needed the transfusion anyway as it was a very big operation - it was just under 5 hours long and a huge part of his liver was removed.
8. Once his operation was over, Professor Carter telephoned the house and I happened to be the person who picked up. He told me that he was impressed with my Dad and with the way the surgery had gone. He also mentioned that he thought that the growth on the bile duct may not be cancerous as was initially thought but benign. We were lucky to have Professor Carter as we had seen various other Doctors who did not know what was wrong with Dad. The operation was lengthy and took a skilled surgeon for Dad to survive.
9. Dad was discharged from the hospital in October 1990. Dad was a very ill man post-operation - a shadow of his normal strong athletic self. He was weak and he lost 4 stone. It took him over a year to recover to his normal weight.

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10. He was 52 years old at the time of his discharge and he never worked again. Dad worked in the shipyards initially as a welder. He then progressed to the position of Training Manager of one of the busiest shipyards on the Clyde. He was in charge of all the teaching staff for all the various apprenticeships that were taught within the shipyards. Dad would have liked to have continued with work as he loved his job. However he just couldn't manage to return to his position.

Discovery of the Hepatitis C virus

11. Dad was an active man. During his younger years, Dad played football professionally. In the 1950s he played for GRO-B and GRO-B
12. Despite the state of Dad's health following the operation, he tried to remain active - he played golf, he was a walker and a gardener.
13. Dad was also a stoical man, if he had an illness or injury from anything he never complained. He never really saw a Doctor. If he said he had a symptom, then it had to be something that was really bothering him and very bad for him to seek help.
14. In 2003, he became unusually tired and he had many symptoms.
15. He had bloodshot eyes which needed treatment. Then in December 2003, February 2004, April 2004 and July 2004, he had bouts of eye problems - looking back, these were the first symptoms of the Hepatitis C virus. He would have tried lots of OTC eye treatments before going to see someone.
16. In 2005, Mum and Dad had been on holiday and Dad had swelling to his legs and abdomen.

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17. After the holiday, in September 2005, Dad was admitted into the Southern General Hospital in Govan, Glasgow (now known as the Queen Elizabeth Hospital) for 5 days.
18. He saw a Liver Specialist at the Liver Ward. The Specialist gave him diuretics and he had a Liver Function Test. Although the liver tests were recorded as negative, he was told that there was a slight abnormality, and this was the only time this abnormality was mentioned.
19. My Dad asked what a 'slight abnormality' meant but he was not given much information. He did not have a Hepatitis C test even though he had the symptoms. The only advice given was to watch his alcohol intake. My Dad liked whisky after a game of golf and an occasional drink at the weekend but he was not a heavy drinker.
20. On 27 February 2006, Dad had an appointment at the hospital, and he was informed that a recent blood test suggested an increase in the background inflammation of his liver so a repeat ultrasound was ordered.
21. On 13 March 2006, he had a scan and he was told that there was no excess fluid around the liver and there was no enlargement of the liver.
22. In June or July 2006, he had an itchy rash and he was covered in blotches on both his forearms, buttocks and both his legs. He was prescribed with steroids and antihistamines. He had purple skin blotches as symptoms of the Hepatitis C virus but he was not aware of this at the time. He just used the creams and did not know that it was linked to the Hepatitis C virus.

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23. On 28 August 2006, Dr. GRO-D a Consultant Physician and Gastroenterologist, mentioned a potential risk of cancer and cirrhosis for the first time.
24. On 20 September 2006, Dad had his first MRI scan of the liver. There was nothing sinister according to Doctors but they said that the case would be discussed with the other Doctors in the Liver Specialist Unit at the Royal Infirmary in Edinburgh.
25. On 21 December 2006, my Dad attended the Southern General Hospital and had an ultrasound scan as the tests for his Alpha-fetoprotein showed that this was elevated. This hormone rises in cases of Hepatocellular Cancer. Other random things were investigated but again there was no Hepatitis C test carried out. They investigated Dad for testicular cancer again but no test was done to check for another reason for raised AFP levels, in other words Hepatitis C.
26. On the same date, 21 December 2006, Dad received 2 letters from the hospital from Dr GRO-D who said that there were no abnormalities and again they did not look for anything else.
27. I have some copies of Dad's medical records and Dr GRO-D's notes of 2006 suggested that Dad needed to be discussed in a gastrointestinal meeting - most likely due to raised Alpha-fetoprotein levels - but I am not aware of any further discussion between the Doctors.
28. On 3 January 2007, Dad had an Upper GI endoscopy at the GRO-B GRO-B Hospital in Glasgow, which showed oesophageal varices - he was asked to take propranolol but we were unsure as to why he had to take this particular drug. Varices as we now know is a major symptom of Hepatitis C but still there was no test or discussion about this and Dad did not seem to be aware of why he was being prescribed these drugs.

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29. On 14 January 2007 Dad had his first liver CT scan followed by another in May 2007. Neither showed anything suspicious but by May he was very short of stamina and was tired.
30. The decrease in Dad's stamina had happened since his operation in 1988, but by May 2007 the decrease was obvious. For example, Dad could not play any more than a 9-hole golf game, he had no stamina for gardening and he had to lie down after swimming when he could otherwise manage it easily before. He kept saying there's part of the jigsaw missing so he kept meticulous diaries noting his health deterioration. He said "I refuse to believe it's *just my age*" - this is what a GP had told him.
31. His health was also deteriorating in other ways too. He recorded in his diary that from March 2007, he had a poor intake of food, he had no energy, his voice became poor, he felt cold, he would bruise easily and he was very unsteady on his feet, especially in the morning.
32. Dad constantly complained to his GP. The Doctors continued to say that Dad's stamina decrease was due to his age. He said to us "I just can't believe it's all due to my age". I said "Perhaps you are slowing down" but Dad said "No I am really slowing down and something is wrong but I don't know what it is".
33. His legs were also discoloured and he showed the Doctor the marks. The Doctor just showed him his own rugby injuries and said "There is nothing that can be done about it, you will be fine".
34. Dad was not happy with the advice from the Doctors. He never smoked and his heart and his lungs were in good shape. He was proud his blood pressure remained low even towards the later end of his life. He could not understand why he was deteriorating. He recorded in his diary "there is no answer to any of my problems".

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35. Even though Dad was looking after himself, his health was deteriorating. He continued to be exhausted, he had low blood pressure, he had eye infections, nosebleeds and when he cut himself during shaving he had a lot of bleeding.
36. On 30 May 2007, Dad received a letter from the Southern General Hospital in Glasgow from Dr. [GRO-D] which said that there was no evidence of any worrying abnormalities in his liver.
37. Dad had 3 ultrasounds between July and November 2007 and was becoming increasingly lethargic - he was sleeping a lot of the day.
38. In July 2008, he received another letter from Dr [GRO-D], which said that his platelet levels were abnormal and that he would have to have further checks. By this time there was more bleeding from shaving and regular nose bleeds.
39. In November 2008, Dad saw Dr [GRO-D] and she said that he needs another ultrasound and an MRI scan as the scans showed some areas in the liver are worth checking but again there was no Hepatitis C test carried out. Dad reported all his ongoing symptoms at each hospital appointment.
40. On 22 January 2009, Dr [GRO-D] said the last CT scan showed an abnormality in the liver and she arranged an MRI scan and a second opinion from Professor Evans, who was an Oncologist at Gartnavel General Hospital in Glasgow.
41. In a letter dated 11 February 2009, Dr. [GRO-D] said she wanted Dad to be seen by Professor Evans and Professor James Powell at the Royal Edinburgh Infirmary. He had 2 appointments here.

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42. In his first appointment on 3 March 2009, Dad attended the Oncology Unit to see Professor Evans. He went by himself and he did not tell his family as he knew that we would panic when we saw he was attending the Beatson which is the cancer specialist hospital. He didn't even tell anyone about the letter dated 11 February 2009.
43. In this appointment, they gave Dad a blood test and a Hepatitis C test. He was not told beforehand that he would be having a Hepatitis C test. He was just told that he would have various tests.
44. After this appointment, Dad told us what had happened so far. We were all devastated.
45. He had a second appointment at the Beatson for 14 April 2009. Dad took me and Mum with him. Professor Evans said that they had done some blood tests and that my Dad was fighting two things - Hepatitis C and liver cancer. We were floored.
46. Professor Evans went onto talk about Hepatitis C and this was the first time it was discussed. Professor Evans informed us that Dad must have contracted it from a blood transfusion. Dad said "I don't think I've had a blood transfusion" but Professor Evans said for that kind of operation they would have been pouring blood into him.
47. I remember him saying "Has no one ever mentioned Hepatitis C to you all before?" We said that no one had, we had never even heard of it being mentioned. Professor Evans looked shocked as Dad had been an inpatient for 5 days with a Liver Specialist in a liver ward with people who had Hepatitis C back in 2005. During that time, there was no follow up blood tests to check for Hepatitis C.
48. Professor Evans was the first person to explain the symptoms and said that the site of the scars from the operations were probably where the tumours had started.

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49. He discussed Dad's alcohol intake but when Dad said "That's all they ask about" (referring to all the other medical staff), Professor Evans said "it wasn't the sherbets that caused this amount of damage". Dad said "I knew that, I knew it wasn't about my alcohol intake" and looked at us to emphasise the point that he had been saying this all along yet was never really believed by the Doctors.
50. Professor Evans explained what Hepatitis C was but we were so shocked that we didn't take in much information that day. Professor Evans said Dad was dealing with two things - cancer and hepatitis - we left that appointment completely reeling from the double diagnosis. I spent most of the night researching it on the internet. It made for very upsetting reading.
51. There was no information given about managing the infection by any medical staff. The emphasis was on the cancer in the liver and Hepatitis C.
52. We contacted the Hepatitis C Trust for further information and was told not to share toothbrushes or razors and that the risk of infection to Mum was low. Nobody discussed testing of the other family members.
53. Following this, there was an incident where Dad was vomiting blood after bleeding. I kept it to show the Doctor we called out to the house during the night. We wore gloves when dealing with any fluids like toileting, but we were never advised to do this - my Aunt is a District Nurse and she advised this, as she helped us to look after Dad. There was no medical advice about infectivity.

Section 3. Other Infections

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54. Dad was only infected with Hepatitis C. We were not informed of any other infections.

Section 4. Consent

55. My Dad did not consent to the testing for Hepatitis C; he was just tested.
56. I am not aware of any other testing or treatment that was done without Dad's consent.

Section 5. Impact

Dad: Impact

Mental and physical effects

57. Overwhelming fatigue was the main symptom. I remember reading somewhere that it is a fatigue that can't be controlled by sleep or rest. I remember reading this out to my Dad from an article I had found and he looked at me and said "That's exactly what it's like".
58. By now, he was having trouble balancing and he was swaying especially in the mornings. Professor Evans said that this was the build-up of something that the liver wasn't getting rid of from the blood and causing toxicity in the brain. We knew then that the disease was progressing.
59. Dad was very brave even though knew that it was a matter of time before he passed away. He knew that there was nothing that could be done. He comforted the whole family and wrote a lot down in his diary but he remained strong. He wrote that he had wanted to ask Professor Evans how long he had left but didn't ask because we were

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there and he did not want to distress us further. In April 2009, he wrote in his diary, 'The mental strain is starting to affect me'.

60. He also wrote to Queen Elizabeth after going to the Citizens Advice Bureaux as he was unhappy with the treatment. This was before we knew about the Penrose Inquiry. He said in his letter 'My poor treatment at Southern General [Hospital] with numerous ultrasounds and MRI Scans from September 2005 all proving nothing and the Consultant I saw paying no attention to my observations of being tired, no energy and falling asleep easily, these are all symptoms of Hepatitis C'.
61. By contrast he was very complimentary about the treatment from Professor Evans 'My meetings and consultations at the Beatson have all been very good and all the recent diagnosis have confirmed my fears and the reasons for my poor health'. He knew what he was facing, he knew that he had liver cancer, he was angry towards the NHS and lack of screening for blood products, angry at all the times that he had complained about things and things had been dismissed.
62. In Dad's medical records, Alcoholic Liver disease ('ALD') is mentioned as his diagnosis in requests for tests, MRIs and ultrasounds. It suddenly appeared and continued to be stated as this diagnosis in the forms. He was never informed of this but continually asked about his alcohol intake. They did not even bother with a Hepatitis C test. They already labelled Dad as an alcoholic.
63. My Dad was very annoyed about continually being given an alcohol diary. However, he was used to it and he was upfront about the alcohol that he took, he never lied, he continued to note all his alcohol intake which was never above the recommended intake. The alcohol intake was always blamed when in fact all the damage was being done by undiagnosed Hepatitis C.

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Further medical complications

64. Once the cancer was detected, we were told to go to Edinburgh Liver Unit as part of his treatment.
65. At this appointment Dad was asked if he was willing to have a liver transplant. Dad said "I've already had a liver resection when I was a lot younger, I really don't think I would survive it again". The Doctor seemed to agree but said "We just had to ask you".
66. I don't understand why the Doctors made him travel all the way to Edinburgh from Glasgow only to agree with him that he was too unwell to have a liver transplant. It was also a very cold day and Dad was very poorly. They could have told Dad the reason for the appointment in Glasgow, but they did not. We were only there to find out if Dad wanted to go ahead with a transplant; Dad could have told them his decision if anyone had asked before.
67. They discussed other treatment at this visit. Once again Dad was asked about his alcohol intake. Dad said "I do drink, I am being honest, I like a whisky after golf but I am not an alcoholic". The response of Doctor was "Well you don't have to be a falling down drunk to be an alcoholic". Dad said "Well none of my family had ever seen me drunk". The Doctor responded "You could still be an alcoholic". Dad just gave up when he heard this, he looked very downcast when the Doctor implied he had an alcohol problem. The Doctor was convinced that Dad only had liver problems because of alcohol.
68. Dad didn't speak on the journey back to Glasgow. His hands were very cold and he was very quiet. He kept thinking about what had been said to him, he was really down about not being listened to once again.

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69. In April 2009, after Dad found out about the Hepatitis C, Dad saw Dr. Forrest to discuss laser operation treatment to his liver and the risks of this treatment option. He was a very good Doctor, he took his time to explain the treatment that may be possible at some length. However at a meeting with the other Doctors involved in Dad's case it was later decided that all the options discussed with us would prove too risky to carry out. This was obviously hard for us all to hear and come to terms with.
70. A rod burrowed into Dad's liver was also suggested as a treatment option for cancer by Dr Forrest. However, the cancer was too close to the blood vessel, again this treatment was not possible.

Treatment for Hepatitis C

71. Post the Hepatitis C diagnosis, I could tell from Professor Evans's demeanour that he couldn't believe that Dad was not diagnosed earlier. He noted that all the liver tests were listed as normal and this may have been the reason no one had ever thought to check a Hepatitis C test had been done. Everyone thought a test had been carried out but no one thought to double check.
72. Professor Evans met my Dad at one appointment and listened to his symptoms and got a Hepatitis C test done immediately. Yet no GP or Hospital Consultants had ever requested this test. Yet Dad had attended regular outpatients' appointments and saw his GP to report his increasing symptoms. He was also an inpatient on a Liver ward with many men in advanced stages of liver disease yet no one did a Hepatitis C test or looked for a result of this test. Many missed opportunities to discover the real reason for my Dad's illnesses.
73. It took them some time to inform us of the treatment options but in the end no treatment options were available for Dad - it was too late. No

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retroviral treatment could not be offered as the liver was already very cirrhotic.

74. It was a missed opportunity as he wasn't diagnosed early enough. He was denied of the option to have treatment. If he had received a letter saying you may have had a blood transfusion in the 1980s, attend a GP for a Hepatitis C test, then he would have gone for this and could have been diagnosed much sooner. Also if Dad had been diagnosed earlier he could have decided whether to take the retroviral treatment, available at the time. There was a period of over 20 years during which he could have had treatment, but he was never given the chance to treat the Hepatitis C virus.

Course of the illness

75. Once Dad knew that he had Hepatitis C in April 2009, he knew that his prognosis was very poor. He wrote in his diary 'My original operation has come back to haunt me.' He tried to do things after the diagnosis but struggled even more. But he never complained or asked why all this had happened to him, he continued to try to comfort his family and protect us from being completely overwhelmed by this diagnosis.
76. On 22 July 2009, Dad saw his GP as his health was poor - sitting on a seat or walking too far was a struggle. Things were deteriorating.
77. We went on holiday in July 2009 - we knew it was the last holiday. We went on a cruise for a week. We asked the nice Doctor who I liked, Dr. Forrest, if we could take Dad on holiday. He said "I think that's the least we can do for you so off you go".
78. We got funding for the holiday via Skipton. On the last day of the holiday, Dad got a bit too much sun and became dehydrated, he deteriorated by the evening. Mum had phoned me to say Dad was

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acting confused, he appeared not to know where he was and was sitting in the bathroom. I had never seen my Dad this way before, it was very frightening and upsetting.

79. We phoned the ship's Doctor and the Doctor decided that Dad was suffering from dehydration. Dad was given fluid orally, and he recovered the next morning.
80. We then travelled home the next day. We closely monitored Dad and gave him frequent drinks. However, on the journey home, he seemed very tired and he didn't look right, so we phoned the Doctor and Dad was admitted to Southern General Hospital.
81. The family were not satisfied with the care at Southern General Hospital. He had become very thin, was tired and wasn't eating. We brought custard to him as he loved it and he ate all of it straight away. We asked him what he had eaten and he said "I think a sandwich". We looked at the table and saw the sandwich there and realised he hadn't eaten it at all and no one had realised. It had just been left for him. He was too weak to eat it himself. No one had checked to see if he was eating and after a family discussion we brought him home. I did enquire about a hospice bed but was told the hospice was full, the family made the decision to care for Dad at home.
82. We put him in a wheelchair and took him home. We could see people could see he was clearly unwell when he was being wheeled out.
83. As soon as he got home, he managed to walk upstairs into the house but we don't know how he managed this as he was extremely weak. With assistance, we got him into bed.
84. Around the end of August 2009, I moved into my parents' house to give support to them.

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85. The next morning, we tried to get Dad to drink from a straw. That same day, the District Nurse came to see Mum. The Nurse looked in at Dad as Mum told her we bought him home the night before. Dad was lapsing in and out of a deep sleep and we were struggling to get Dad to take juice. The Nurse said not to give him the juice as she was frightened that he would choke.
86. She asked if we were getting help and we said 'No' and so the Nurse reported it immediately to the GP and then a service was set up and Nurses came out twice a day, 7 days a week to help, but I did the majority of the care by the time they arrived - quite a lot of the time they didn't need to do anything as we cared for all of Dad's needs, day and night.
87. The Nurses knew Mum and Dad as Mum had worked at the GP's surgery. The Nurses were very complimentary of the care provided by me, my family and my Aunt to Dad. We set up the room like a hospital room - we had eye care and mouth care equipment at home. We also got a hospital bed delivered to be able to care for Dad and make him more comfortable.
88. Dad used to wake up to try to go to the bathroom and use the commode. The GP asked on one visit if Dad was in pain and Dad said "No". However, one day I reported that he had moaned in pain during the night. The GP prescribed morphine but he never did this again so we never used it.
89. At times Dad would awaken and could be very lucid. I would walk into the bedroom and he would say "Nice to see you!"
90. Sometimes Dad would open his eyes and he would have a conversation. I remember Dad having a joke with my brother and then he would say to me "You look tired, you are doing too much, you need to do a lot less". I said "You don't know what's been going on while

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you were asleep” and he said “I don’t want to know!” We would sing to him and put his music on - he loved any type of music and his favourite was the Les Misérables soundtrack.

91. He had periods when in he was in an unconscious state, which could last all day. We made several phone calls to the emergency Doctors. He was trying to be sick and we thought it was vomiting but it was the start of the oesophageal varices. He asked to let him be sick - big clots of blood came up. It completely panicked me. I knew it was blood even though it was very dark. He was given painkillers by the Doctor who came out and after this Dad went back into his unconscious state.
92. We continued looking after him and then one of the GPs came to the house and suggested we try a Night Nurse. We tried this for first time on GRO-B 2009 and this was the only time we had a Night Nurse and it was on this night that Dad haemorrhaged one more time but this time it was severe.
93. Earlier in the day on GRO-B Dad’s 6 grandchildren came and sung happy birthday to him, it was hugely emotional for us all and he looked at us all and said “Thank you”. He then closed his eyes and they were to be his last words to us. Then the Night Nurse came to help for the first time and as it turned out the last time.
94. Early in the morning of the GRO-B 2009, I was asleep home when the phone rang. I knew immediately there was something wrong so I rushed over. It was about 5:00 am and Dad had a haemorrhage from the varices and he was bleeding heavily from his mouth. It was terrible, he was deeply unconscious and his breathing had changed. I was so very glad the Night Nurse was there to help us with Dad. I still hope he did not suffer it was a horrible thing to happen to him.

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95. We phoned the Doctor. He came and gave Dad a pain killing injection and he waited in the kitchen. I think he was waiting to see if Dad would pass so that he could do a certificate but Dad carried on breathing. I think it was a testament to how strong his heart and lungs were that he held on so long.
96. The GP left and it was perhaps around the afternoon time, when I did Dad's mouth care along with my Aunt. We tried to clean his mouth, he had his last gasp and then he passed away. His body was taken away but he was brought back as part of the funeral.
97. Dad passed away on GRO-B 2009 from Chronic Liver Disease and Chronic Viral Hepatitis C.

Treatment, medical and/dental care for other conditions

98. There was no impact on dental care or other treatment as by the time Dad was diagnosed, he didn't have long to live and he had deteriorated significantly.

Personal: Impact

99. We told people about the diagnosis and didn't feel any stigma. We told people that Dad was likely to have got it from people who had donated blood in the US who shouldn't have given blood. We didn't feel the need to hide the infection from other people.
100. We knew that Britain had been slow to commence the screening of blood but we still did not realise how slow and that other countries had already started screening much earlier. Taking part in the Penrose Inquiry was harrowing as I had to go through all of Dad's medical notes and I realised that huge mistakes had been made both in screening blood, in missing Dad's diagnosis and in the way Dad was treated.

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101. The impact of losing a Dad who you are very close to is very hard. He was the centre of the family. It was a big blow when he died and left us.
102. He was a very kind person. Everyone says "I loved your Dad because he was such a nice, happy person". He was always trying to see the best in people, he loved company and the more the merrier. I can't tell you how many people were at his funeral. Dad was very sociable, much more social than me - he had lots of friends. Mum and Dad were a very sociable couple - they had lots of friends.
103. My Dad was a very brave man. He had prepared his own funeral arrangements and he wrote a CV of his life so that this could then be given out at the order of service. In his CV he wrote to my Mum 'The story of my life is very plain to read, it starts the day you came and ends the day you leave'. He ended the CV by thanking all his family and friends for making his journey through life so enjoyable, he wrote 'I've had a fabulous life'. We are just sad that it was cut short.
104. It was difficult to take in when he passed and there was a similar impact on my other family members. We had had a hard time, he didn't deserve this treatment - I think that was the hard bit as he wasn't listened to.
105. He had six granddaughters he was always taking photographs of them he enjoyed teaching them all the capital cities of the world. They would often ask him for help with homework. My daughter would ring for his assistance with geography. Dad just missed his eldest granddaughters' graduation at Glasgow University. He would have been so proud.
106. The hardest was for Mum as she and Dad were a very happy couple. My parents had a traditional marriage - Dad dealt with all the money.

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We had to help Mum with all the finances after Dad became unwell, which was a big shock as Mum had to learn a lot of new things. She has coped as best she can.

107. Dad should have had better care. If you are under a Liver Specialist in a Liver Ward then you are hoping that these people would recognise the symptoms of one of the main causes of liver disease. It should have been checked that the most basic test for liver disease, a Hepatitis C test, had been carried out and what the result was. Instead they just assumed that it was alcohol-related and because he was an older man. They didn't even do the most basic tests that even a Junior Doctor should request.
108. Dr GRO-D's care was woeful - we are very upset about this. We wrote to Glasgow Southern General Hospital to complain.
109. Professor Carter said Dad's liver was in excellent condition when he was 52 years old during his original operation and this has always stuck with me.
110. Dad didn't drink when he was younger man - he played a lot of football and didn't drink in his younger years because he believed sports people should try to remain as fit as possible. He never smoked in his life either because of the same reasons.
111. I took time off work to help care for my Dad and it didn't affect my finances, but it did severely impact on my health. The strain of Dad's terminal condition and caring for him and seeing daily deterioration affected me immensely.
112. A year after Dad passed away, I was diagnosed with an autoimmune thyroid disorder, which is when for some reason the body makes antibodies against the thyroid gland and attacks it and stops it functioning. I am on thyroxine. I can only now work part-time as I get

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fatigued easily. When my Consultant asked me what happened a year ago at the start of my symptoms, I said I lost my Dad he said "That will do it" meaning that the stress of it all contributed to developing an autoimmune condition.

Section 6. Treatment/Care/Support

113. No counselling was ever offered to Dad and he was not interested in it at the time.
114. I had grief counselling after by Dad passed away and I found it to be very helpful. The counselling was free and I made a donation to the hospice.
115. The GP told us about the Penrose Inquiry shortly after Dad passed away. I didn't know other people had been through this and that people had been petitioning to the Government for years about it - it felt like someone else was doing something, not just me.

Section 7. Financial Assistance

116. Shortly after Dad's diagnosis with Hepatitis C, I found out about the Skipton fund. I cannot remember exactly how I found out - it may have been online.
117. I got in touch with the Skipton fund who sent me forms for completion. I completed my part and Dr Forrest prepared supporting letters. I sent off the letters and forms to Skipton in July 2009.
118. After a few weeks of not hearing anything, I phoned Skipton. I was told that the application was currently refused but they were in the process of finding an independent Consultant in Hepatology and in London to verify the Doctor's notes. This was given as the reason for the delay. I was not happy as Dr Forrest was a Consultant. No

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explanation was given as to why Dr Forrest was not sufficient when I queried. Eventually the case was looked at by another Doctor and it was accepted. We received a lump sum payment in September 2009.

119. Following Dad's death, we received another lump sum payment.
120. The only pre-conditions I am aware of is that there needed to be a diagnosis of Hepatitis C and a terminal prognosis.
121. There were no other benefits or payments until the Scottish Government decided to make payment to relatives of those who suffered from Hepatitis C to infected blood.

Section 8. Other Issues

122. I went to the Citizens Advice Bureaux as I was very unhappy about the treatment and wanted to make a complaint about the failure to diagnose the Hepatitis C at an earlier date.
123. I sent a letter on 29 September 2009. I was asked to attend a meeting to discuss Dad's poor treatment, which was chaired by Dr. [GRO-D] [GRO-D], who is a Consultant in Gastroenterology and Mrs [GRO-D] who was a Clinical Services Manager in Specialist Medicine, at the Victoria Hospital in Glasgow. The meeting took place on 18 November 2009 but I am not entirely sure of the date.
124. I said that I was unhappy about the ALD being on Dad's medical records, and that if only the same concerns about the alcohol could have been raised in relation to the Hepatitis C.
125. The Doctor tried to make out that Dad had caused ALD, he said that he could see that Dad had multiple whiskies. He was very dismissive, and he sent a letter affirming the belief that the majority of the damage was caused by alcohol.

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126. The Doctor said that he was willing to take the chance of checking Dad's blood transfusion records because if they came back negative then Dad must have got Hepatitis C from 'some other source'. He implied that this is what might happen. I assured him I was willing to go through with this as my Dad had only got Hepatitis C from one source, a blood transfusion and to suggest otherwise was wrong. He said that all the necessary tests had been carried out by Dr GRO-D. I said that no Hepatitis C test was carried out, which must have been an essential test.
127. It was not a very nice meeting, and it made me feel like it was all due to the alcohol and I didn't like this. I was so upset and exhausted after the meeting that I had to go to bed. The Doctor was not listening and it felt like I was arguing with him. Also, the Doctor didn't seem to be aware of the Penrose Inquiry when we were having the meeting.
128. I sent in a complaint after the meeting and I just received an acknowledgement letter from the hospital.
129. I was amazed that the Doctors are still practising in Liver specialisms yet are still saying the same things to people – that cirrhosis is completely due to alcohol and I think that this was why I was so upset. There was also no mention of the Penrose Inquiry in the meeting. I believe they did not want to acknowledge that the blood transfusion was contaminated and they missed this.
130. I participated in the Penrose Inquiry because I think it is important that at the very least, basic tests should be carried out going forward, there should be medical training on this area to ensure that the Doctors like Dr GRO-D are taking note of Hepatitis C. When the Penrose Inquiry first started, my husband said surely by now they will test all those who had blood transfusions in the 1980s. We were then dismayed to find out that the only single recommendation made after

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millions being spent on the report was that very suggestion made by my husband years earlier.

Statement of Truth

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

Signed GRO-B _____

Dated 24/1/19.