

Witness Name: Dr Elizabeth Mayne

Statement No.: WITN0736007

Dated: 21 February 2020

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF DR ELIZABETH MAYNE

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 8 January 2020.

I, Dr Elizabeth Mayne will say as follows: -

#### **Witness 2328**

*Response to para. 2.1*

**2.1 At paragraph 2.9 and 2.12, witness W2328 states that in 1995 you informed him that he had contracted Hepatitis C ('HCV') in the 1970s, but you did not provide the source for this information or explain the apparent delay in informing him. Please comment on this.**

1. I first met the witness and his late brother in the Royal Belfast Hospital for Sick Children. They were well known to the nursing and medical staff and also to the Social Services. There being no dedicated haemophilia care beds, the boys were often in different wards and treated by different staff. Overall, they were under the haematological umbrella of Professor (then Dr) John Bridges, my senior colleague. I met the boys when doing his relief. The witness W2328 was a most beguiling character with a truly mischievous smile.
2. When both were teenagers they attended the NI Haemophilia Centre in the Royal Victoria Hospital. During the 1970's both were commenced on Home Treatment. In accordance with the Centre's practice, at review appointments bloods were taken to test for anaemia and the presence of an inhibitor. Liver function tests were also performed because of my apprehension about the adverse effect of prolonged IV treatment.

3. In the late 1970's the witness developed slightly abnormal liver function, namely raised AST and ALT. He remained well.
4. 1995 was a memorable meeting with this witness. I believe it to be possibly the first time he had ever paid any attention to what I said. I attempted to explain to him that although he now tested positive for Hepatitis C, he was well, and it was most likely that the virus had been lying dormant from the late 1970s. It seemed too much for him to comprehend. He seemed confused at the difference between HIV and HCV infections despite the explanations provided to him.
5. HCV was identified in 1991. Tests for antibody were available in 1993, but not indicative of active clinical infection. Tests for RNA viral load were available in 1994/95. The patient visited in 1995 and therefore was not involved in any particular delay. He was seen as soon as possible in rotation with his fellow patients. He was informed that the source of infection was his treatment, however, it was not possible to pinpoint the precise date of infection. There was no full time social worker available for counselling and the patient was invited to the Haemophilia/HCV meeting in Enniskillen.

*Response to para 2.2:*

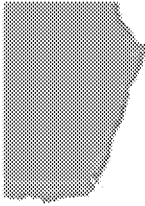
**2.2 At paragraph 2.10 and 2.11, witness W2328 states that you told him that HCV would not cause him significant problems and that there was minimal risk that he could transfer HCV to others. He recalls that you remarked he was fortunate not to be infected with HIV. Please comment on this.**

6. At the age of 16, W2328's late brother developed a high responding inhibitor. He had a horrendous time. On one occasion he fell onto an unguarded barred electrical fire. Subsequently, he lost half of his face and one eye. He underwent plastic surgery and suffered agony and me, anguish. His death was tragic. I did not remind the witness of any of this but did say to him that "perhaps" he was fortunate not to have developed a high responding inhibitor like his brother, or even contracted HIV. The relevant word "perhaps" may have slipped his memory under the circumstances.

*Response to para 2.3:*

**2.3 At paragraph 2.11, witness W2328 states that you did not offer any support or counselling after informing him of the HCV diagnosis. Please comment on this.**

7. Neither support nor counselling were available. At that time it was significantly problematic trying to establish a good clinic for hepatitis patients to attend. Additionally, as the witness' wife mentioned in her statement (statement number WITN2451001), para 5, No 3, "we, rather naively thought that Hepatitis C was not so dire. In those days it was difficult to research the condition, there was no great access to computers never mind the internet."

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8. Many of the clinicians, myself included, could not in 1995 foresee how complex, disastrous symptoms and complications of the virus would develop, sadly. We definitely were not full of secret information which for some reason some patients feel we were unwilling to disclose. On the contrary, I travelled far and wide seeking information and relayed any fact as soon as it was available.

**Witness W2428**

*Response to para 3.1*

**3.1 At paragraph 5, witness W2428 states in 1995 he found out he had HCV due to a leak from a government health worker. Please comment on this.**

9. I would firstly wish to inform the Inquiry that although I recall the name of the witness, I have no memory of him whatsoever. This may be because his initial treatment took place in GRO-B and probably that was organised through telephone consultation. The same applies to the reported meeting in 1995.
10. Having said that, I remain shocked and outraged at this statement. I suppose if the identity of the health worker was known, perhaps it would be possible to trace the source of the 'leak' and how it took place. This is the first occasion I have ever heard of such an appalling situation.

*Response to para 3.2:*

**3.2 At paragraph 5, witness W2428 goes on to explain that following testing you confirmed his diagnosis of HCV. He states that you did not provide any information about HCV or offer any counselling. Please comment on this.**

11. I have set out previously in this statement and my earlier statements the position regarding knowledge at the time, what was explained to patients and that there was no counselling facility. My efforts were directed to providing, as best I could, a liver and hepatitis clinic. Clinical monitoring for their liver condition was being sought through a regular clinic with an expert hepatologist.

*Response to para 3.3:*

**3.3 At paragraph 6, witness W2428 states that he was told that he may have contracted HCV through infected blood that he received on two occasions in 1982 and 1984. Please comment on this.**

12. Unfortunately, I cannot make any specific comment in response to this assertion from this witness. The HCV was ubiquitous and had infected people in the 1970's and 1980's. The witness, being mildly affected would not have had many regular

check-ups, therefore, there may have been no liver function tests performed which would indicate an accurate time of infection.

**Witness W2427:**

*Response to para. 4.1*

**4.1 At paragraph 2.2 and 2.3, witness W2427 states that when you diagnosed her husband (witness W2428) with HCV in 1995, he did not receive information about what the infection meant. Please comment on this.**

13. I do not believe that in 1995 many people envisaged the magnitude of the ensuing HCV problem. To some extent I was hoist with my own petard. I mean that I had observed these abnormal liver function tests for so long without there being any apparent clinical ill effects, that I think I could have been lulled into a false sense of security. I am not at all sure. All I know is that I worked to the maximum of my ability to keep the haemophilic population abreast of all new developments whilst continuing to maintain my routine Haematology job.

**Statement of Truth**

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

GRO-C

Signed

Dated

21-2-2020