

Witness Name: David Peacock

Statement No.: WITN2862001

Exhibits: 0

Dated: 14 June 2019

## INFECTED BLOOD INQUIRY

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### FIRST WRITTEN STATEMENT OF DAVID PEACOCK

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#### **Section 1. Introduction**

1. I, David Peacock, will say as follows.
2. I was born in GRO-C1966. My address is known to the Inquiry.
3. I am married to Dena Peacock. I have one grown up daughter who will be 30 this year and am stepfather to Dena's six children. I am also a grandfather to a ten year old grandson.

#### **Section 2. How Affected**

4. My wife, Dena Peacock, was infected with Hepatitis C ('HCV') in the 1980s following a blood transfusion given to her after the birth of one of

her sons. She was unaware that she had been infected until very recently. The discovery of the infection was particularly distressing for both myself and Dena as it was not long after I had received a liver transplant for seronegative hepatitis.

5. The details of how Dena became infected with HCV are set out in her own witness statement, already submitted to the Inquiry.
6. In terms of what information we received about the infection, this was given by the specialist nurse at our first appointment with her. The specialist nurse provided very little information about the infection other than if my wife cut herself she was to clean up any blood with bleach. I suffer with immunosuppression and was therefore careful to ask about any specific precautions which I would need to take, however, the only advice the specialist nurse gave me was to use condoms. The nurse specifically said she wasn't interested in me and her only concern was my wife. We also asked whether she had any leaflets on the infection both in terms of treatment and managing the condition. She informed us that she did not.
7. I do not believe we were given adequate information to help us understand and manage the infection and we were very much left to do our own research. Having recently gone through the transplant process myself and both of us knowing that HVC is difficult to treat we were very concerned that my wife was heading for a transplant too. No reassurance was offered in this regard.
8. I believe information should have been provided earlier. I believe that as soon as a HCV infection is suspected patients should be sent for tests that day and results obtained as soon as practicable. These results should be provided to the patient along with leaflets and an education session on available treatments and how best to manage the infection and prevent it being passed on.

### **Section 3. Other Infections**

9. I do not know whether my wife has received any infection other than HCV as a result of being given infected blood.

### **Section 4. Consent**

10. I do not believe that my wife has been treated or tested without her knowledge or consent, but, as set out above, I do believe she has been treated without being given adequate or full information. I do not believe she has been treated for the purposes of research without her consent.

### **Section 5. Impact**

11. The mental and physical effects of the HCV infection on my wife have meant she has gone from being a very confident, outgoing person who worked extremely hard, including long shifts, to a person who now suffers from anxiety, depression and is tired most of the time. She frequently goes to bed before 8.30pm in the evening due to exhaustion and is constantly questioning every decision she makes or conversation she has with others as she is unsure if she has said or done the right thing.
12. I believe that some of her current health problems are connected to the HCV and its treatment, including her urticaria, as well as her anxiety and depression.
13. I believe HCV has impacted on her life for many years before she was diagnosed. She told me that throughout her life she experienced times when she became bedbound for several days at a time. Following her diagnosis with HCV she became very depressed and anxious. The treatment also left her almost bedbound and she has since struggled to get her energy levels back to what could be described as normal.

14. When first diagnosed with HCV the nurse specialist told my wife that there was a new treatment available which was less harmful and much quicker. However, she then went on to tell us that the funding for the drugs had been all used up for that month and we would have to wait until the following month when my wife's case would be discussed and funding may or may not be agreed. We asked whether we could purchase the drug privately and were told we could not, as the cost would be £14,000 and the nurse specialist would have to supervise the treatment process.

15. The infection has impacted on my wife's relationship with my family

GRO-D		
GRO-D	we have missed out on several family occasions	GRO-D
GRO-D		

16. The infection has impacted on our relationship together. I have to deal with my wife's constant anxiety, even about minor things. This is both draining and frustrating for me. GRO-C is affected as she is constantly tired. I feel that, due to being unable to get time off work to attend hospital appointments with her or simply to spend the day with her when she is feeling down, that I have let her down as a husband.

17. I feel the stigma associated with HCV. I don't believe GRO-D acknowledge my wife has been infected with HCV and they prefer not to mention or discuss it. This makes me reluctant to openly mention her infection as I believe most people will wrongly associate my own liver transplant as being caused by my wife.

18. The infection has impacted on my wife's working life as she has had to change jobs after taking prolonged periods off work due to anxiety, depression and fatigue, and also whilst undergoing treatment. She has been unable to progress in her career as a result. She has just completed a trial period of full time employment and is trying to change to part time employment to reduce the stress and strain of working full time.

### **Section 6. Treatment/Care/Support**

19. Although my wife received some counselling because she had reached crisis point shortly before she was diagnosed, she has not received specialist counselling as a result of her diagnosis, and nor have her children or me.

### **Section 7. Financial Assistance**

20. The financial assistance my wife has received is set out in her own statement. The process of evidencing the application for financial support was lengthy and bureaucratic. My wife had to do all the hunting for medical notes, making several applications to different hospitals, most being returned stating her records had either been destroyed or, in one case, lost in a fire. No evidence of a fire was provided.

21. I myself have not received any financial assistance in relation to my wife's HCV infection.

### **Section 8. Other Issues**

22. I hope the Inquiry is conducted in a timely and thorough manner, and looks at how and why this happened, and how it can be prevented from happening again. In particular, I would like the Inquiry to look at issues surrounding both the destruction and loss of medical records for those infected.

23. I would hope that the financial assistance scheme is improved as a result of this Inquiry, with all those infected receiving suitable life time payments so that they are not financially disadvantaged as a result of their infection, and without the need to constantly reapply for financial support. Such payments should not start from the day the application is made, but from the time the person was infected. I would also like to see those affected receive financial assistance to recognise the support they have given to those infected and the impact such an infection makes on the family life of those infected and affected.

**Statement of Truth**

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

Signed

GRO-C

Dated 14 June 2019