

Witness Name: Robert Anderson
Statement No.: WITN3978001
Exhibits: None
Dated:15/01/2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ROBERT ANDERSON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19/12/2019.

I, Robert Stanley Anderson, will say as follows: -

Section 1: Introduction

1. My name is Robert Stanley Anderson. My address is GRO-C
GRO-C Bristol GRO-C My date of birth is GRO-C 1951.
2. My professional qualifications were MB ChB (Bristol) 1974, MRCOG 1980, MD (Bristol) 1985, FRCOG 1993.
3. Following retirement in 2016 I voluntarily revoked my licence to practice in 2017 and my medical registration in 2018.
4. I worked as a NHS Consultant Obstetrician and Gynaecologist from August 1988 for the United Bristol Hospitals. Over the years I stopped practicing Obstetrics and my role became more specialised as a Gynaecologist with subspecialty interest in cancer and pre-cancer and the Hospital Group underwent several name changes and is currently the University Hospitals Bristol NHS Foundation Trust. At the age of 63 I reduced my working hours from 12 PAs (48hrs) to 16 hours until my total retirement from medicine two years later in 2016.

5. At the time of the criticism I worked a "10/11" contract (allowing me an afternoon free per week for a small private practice). I was one of 6 consultants (4.6 whole time equivalents) providing the total consultant service in Obstetrics and Gynaecology for a population of approximately ½ million. I was also on call for emergencies one weeknight per week from 5pm to 9am and from 5pm Friday to 9am Monday 1 weekend in 6. I worked between 44 and 52 hours a week on NHS business at that time.
6. I was then Chair of the Division of Obstetrics and Gynaecology. I was also a member of the SW Regional Obstetrics and Gynaecology Training Committee prior to becoming Chair of that the following year.
7. I had no special expertise, additional training or committee membership in blood transfusion, but as an Obstetrician and Gynaecologist I was in a specialty that frequently encountered haemorrhage and therefore used blood transfusion, often in large volumes.

Section 2: Responses to criticism of W0312

8. I am completing this statement 30 years after an alleged conversation with a patient and her husband for which I am criticised. Unfortunately, I do not recall either the patient or that conversation.
9. Whilst I may be wrong, I have no memory either of being told about any patient who developed the same diagnosis as W0312 following a blood transfusion whilst under my care so being contacted by the inquiry was unexpected. I am on a personal level very sorry to hear of all the problems since suffered by W0312 and acknowledge that she has experienced many difficulties.
10. I hope, as she does, that the recent treatment has finally been successful in eradicating the physical disease.
11. I have requested to see any medical records that may remain in an attempt to help the inquiry and whilst I understand that some notes have been identified by the Trust I have been informed that none remain from this time period. I have not had sight of any notes.

12. I can only therefore make general statements about my memory of procedures in place at that time.
13. All patient discussions were shorter than they are now. This is partly due to changing expectations with time and partly due to an increasing number of doctors available to have those discussions. For example, the annual Obstetric and Gynaecology patient number throughput of the hospital has increased only modestly in the last 30 years but the whole time equivalent consultant number has increased from 4.6 to more than 20.
14. In the late 1980s I (and I believe most other clinicians) felt that British donated single units of blood contained a very low level of risk to recipients. Patients were sometimes concerned about the risk of AIDS (1989 terminology) and that risk was often discussed - but with reassurance as I believed then that an adequate screening programme was in place.
15. I do not remember with certainty if there was any printed blood transfusion information material available to give to recipients at that time but I think there was no hospital group information leaflet. There may possibly have been Blood Transfusion Service information available in the hospital but I do not remember.
16. In 1989 I was a young newly appointed Consultant working with two older experienced Consultant anaesthetists. I was advised by them that pre-operative patients with significant anaemia should be treated by blood transfusion prior to elective surgery. I instructed my surgical team to follow this advice. I do not remember exactly when that advice to me was changed but I think it was around the mid 1990s.
17. Whilst I now know that "Non A, Non B Hepatitis" (now termed Hepatitis C) was being discussed in blood transfusion circles (including locally in Bristol) at that time, I was unaware of that then and as stated in Paragraph 14., believed the risk of disease passage from the proposed blood transfusion low and the benefit significant.
18. It has never been my policy to deny information on any matter to patients requesting it but as I have no memory of the discussion I cannot comment further.

Section 3: Other Issues

Statement of Truth

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

Signed

GRO-C

Dated

15/01/2020