

INFECTED BLOOD INQUIRY

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WRITTEN STATEMENT OF DOCTOR BERNARD ANTHONY MCVERRY

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 January 2020.

1, Dr Bernard Anthony McVerry, will say as follows :-

Section 1: Introduction

1. Bernard Anthony McVerry, **GRO-C** Leeds, **GRO-C** 1943 MB Bch BAO.
2. Senior Lecturer and Honorary Consultant. Haematologist to the Royal Liverpool Hospital. Mid 1980 to mid 1985. General Haematology care, Haemophilia care. Primarily responsible for establishing a bone marrow transplant centre for Merseyside. From mid August 1985 until retirement (in 2012/13) Consultant Haematologist at St James' University Hospital, Leeds – General Haematology care and Haemophilia care.
3. Leeds member of UKHCDO in 1986.
4. I have no memory of Mr Tomkinson. Although I have sought a copy of Mr Tomkinson's medical records from the Inquiry, to assist me in my response to the Inquiry, the Inquiry has refused to seek Mr Tomkinson's medical records. A separate request for access to Mr Tomkinson's medical records was made on my behalf direct to the St James's Hospital Leeds and that was refused by the hospital. Consequently in witness statements WITN2807001 and WITN2908001 ("the Witness Statements") allegations have been made about my specific involvement with Mr Tomkinson's treatment between 33 and 35 years ago which I cannot recall, cannot verify by reference to the records and therefore am unable to respond to other than generically, through the action of the Inquiry, which is putting allegations to me through the questions referred to below. It is unreasonable

of the Inquiry to seek a response to allegations made in the Witness Statements without providing any means by which to do this. I also understand that those allegations regarding my care of Mr Tomkinson contained in the Witness Statements have been made similarly without the benefit of the witnesses seeing the medical records of Mr Tomkinson from 1985 to 12 April 1987. Therefore there is no evidence to verify these allegations including the condition of the patient, consent, testing, diagnosis, medication, treatment, and which clinician saw the patient at any particular time between mid-August 1985 and 12 April 1987. As can be seen from my CV I did not start my post at St James's Hospital in Leeds until mid-August 1985. By this time all Factor 8 products were heat treated and so there was no risk of them being contaminated. If Mr Tomkinson was infected by blood products this was before the commencement of my post at St James's Hospital Leeds. Further it is stated in the Witness Statements at paragraph 6 that: *"In 1985 David received a letter advising if there was anything unusual about his health to get in touch with the hospital...he made an appointment with Dr Swinburn. During the appointment Dr Swinburn examined David and took some blood tests.....then David and I returned to see Dr Swinburn and Dr McVerry for the test results. It was during this meeting they confirmed that David had HIV."* No date in 1985 is given for the letter or the test, but the implication is that both occurred without my involvement and in all probability before I started at St James's Hospital. Therefore it would seem that Mr Tomkinson was seen and tested by Dr Swinburn. If the meeting to discuss the results of the test included my attendance with Dr Swinburn, who was the lead clinician at the time, then this must have been after August in 1985 and so Mr Tomkinson appears to have been diagnosed shortly after I started at St James's Hospital and therefore any criticism regarding the consent for testing for HIV and the timing of or nature of that testing and the advice given following the diagnosis of HIV in 1985 should not be directed to me.

## Section 2: Responses to criticism of Witness W2807 and W2908

5. The answer to question 4 is made in the context set out in section 1. I do not understand the statement, *"...the patient was not given enough information to manage his HIV"*. No evidence is given in paragraph 8 of the Witness Statements of what information was given, who provided this information, why it is thought this was not enough and what information should have been given. I have no memory of this patient, the period of treatment was between 33 and 35 years ago and have no access to his medical records although the provision of such has been requested and refused by St James Hospital Leeds

and the Inquiry. Further I do not understand how, as a matter of fact, Mrs Gilray can say that, *“the patient was not informed that his infection was caused by contaminated blood products”*. At the time of diagnosis in 1985 she would have been almost 5 years old and when her father died she would have been 6 years old. Much of her statement in relation to what happened between 1985 and 1987 in relation to the medical treatment of her father is a repetition almost word for word of what her mother says in her statement, but this quote in relation to no being told the infection was caused by contaminated blood products is not in her mother’s statement. Further she prefaces her comments in paragraph 8 of her statement by saying, *“I was not present at the appointment at which my father was told.....”*. By the time I arrived at St James’s Hospital only heat treated Factor 8 products were being given to patients which could not have been contaminated as a result of that heat treatment.

6. The answer to question 5 is made in the context set out in section 1. No evidence is given in paragraph 9 of the Witness Statements in relation to *“the patient should have been told of the risk of infection sooner”*, namely, what information was given, what the context of any discussion was, when this was, with whom and when he should have been told about the risk of infection (I assume prior 1985, when I was not at St James Hospital). I have no memory of this patient, the period of treatment was between 33 and 35 years ago and have no access to his medical records although the provision of such has been requested and refused by St James Hospital Leeds and the Inquiry.
7. The premise of question 6 if it is suggesting that I experimented on Mr Tomkinson or used him as a guinea pig is offensive and is denied.
8. The premise of question 7, that I, *“refused to prescribe drugs to slow the HIV because you denied that he was ill and ignored his symptoms”*, is offensive and is denied. The first medication to treat HIV/AIDS only became available in March 1987 Zidovudine. Mr Tomkinson died on the 12 April 1987. I do not know if this medication was prescribed as I have no memory of Mr Tomkinson, the period of treatment was between 33 and 35 years ago and have no access to his medical records although the provision of such has been requested and refused by St James Hospital Leeds and the Inquiry.
9. The answer to question 8 is made in the context set out in section 1. No information is given in paragraphs 18 and 19 of the Witness Statements of *“the patient’s drugs and treatments were changed on numerous occasions.....the patient was constantly sick from*

*the treatment he received*". My understanding is that Mr Tomkinson was also receiving concurrent treatment for malignant lymphoma, and had had his spleen removed and so I do not know what influence this had on the nature and type of medication he was receiving, whether that had to be changed or made him feel sick. I am not aware that I was the clinician involved in treating his malignant lymphoma and his spleen being removed, it is unlikely. I have no memory of this patient, the period of treatment was between 33 and 35 years ago and have no access to his medical records although the provision of such has been requested and refused by St James Hospital Leeds and the Inquiry.

10. The answer to question 9 is made in the context set out in section 1. No evidence is given in paragraph 28 of the Witness Statements relating to *"prior to her husband's death you told the witness you did not think that her husband was developing AIDS, despite later confessing that you believed this was the case."*, namely what information was given, what the context of any discussion was and when this was. It is extremely unlikely that this would have been the sequence of events and advice. I have no memory of this patient, the period of treatment was between 33 and 35 years ago and have no access to his medical records although such access has been requested and refused, by St James Hospital Leeds and the Inquiry.

### **Section 3: Other Issues**

11. As can be seen from my CV I did not start my post at St James's Hospital in Leeds until mid-August 1985. By this time all Factor 8 products were heat treated and so there was no risk of it carrying contamination. If Mr Tomkinson was infected by blood products this was before the commencement of my post at St James's Hospital Leeds.

### **STATEMENT OF TRUTH**

I believe that the statements that I have made in this document are true with the caveat that no adequate disclosure has been provided or facilitated by the Inquiry, which includes me being refused access to Mr Tomkinson's medical records by both the Inquiry and St James's Hospital to enable me to verify these statements. If there are any inaccuracies in this document they are entirely unintentional and as a direct result of the failure of the Inquiry to provide adequate disclosure for me to respond to the allegations that have been made.

Signed Dr Bernard McVerry

Dated 30 April 2020