

Witness Name: Tim Bowling

Statement No: W4438001

Exhibits: None

Dated: 3 June 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF TIMOTHY BOWLING

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 3rd June 2020

I, Timothy Bowling, will say as follows: -

Section 1: Introduction

1. My name is Dr Timothy Bowling. My date of birth is GRO-C 1963. My professional qualifications are MBBS, MD, FRCP.
2. I am currently a Consultant Gastroenterologist at Nottingham University Hospitals, and have been in this post since 2003. Prior to this time, from 1996 I was a Consultant Gastroenterologist at the Royal Stoke University Hospital, formerly the University Hospital of North Staffordshire.
3. I have no memberships, either past or present, with any committees or groups relevant to the Inquiry's Terms of Reference.

Section 2: Responses to criticism of witness W1991

4. The criticism relates to a clinic consultation on 17th January 1997. The witness had been referred for assessment of his hepatitis C, diagnosed following receipt of contaminated blood products. The Witness claims that I was insensitive, gave him a

poor prognosis and told him he was probably also infected with HIV. I also informed him that his wife and son could also be infected.

5. I have no recollection of the consultation, which took place over 23 years ago. I therefore can only rely on the contemporaneously written clinic letter as my point of reference. In that letter I described what steps needed to be taken to properly assess his hepatitis C status and his liver function, before decisions about treatment options could be discussed. As was my duty, I explained the facts of hepatitis C and the goals of therapy, as well as possible outcomes, including chronic liver disease, which would have health implications in the future. Such a discussion never makes for welcome information for any patient, but it was my duty as a specialist to explain the facts of the situation to him, and I would be rightly criticised if I had glossed over this.
6. I also discussed the 5% risk of horizontal transmission of hepatitis C to his wife, and also that if he had contracted hepatitis C, there was a possibility that he could also have contracted HIV. However, there is no mention in my letter of the word “probably”, and I very much doubt that I would have said that. It follows from this that comments about safe sexual practice and caution with blood spillage in the home was a responsible discussion to have. The purpose of raising this matter was to advise his wife to get tested because, if she had become infected, there would have been a risk of vertical transmission to their son, who had been breast-fed for 9 months a few years earlier. The Witness’ wife was in attendance at this consultation, so was fully engaged in the discussion. I maintain that these discussions about the realities of the situation were entirely appropriate in the context of the situation and, again, I would be rightly criticised if this had not been done.
7. If the text of the clinic letter reflects the conversation, then I believe this was done with tact and sensitivity. I cannot comment on the Witness’ perception that this was done with a lack of sensitivity.

Section 3: Other Issues

8. There are no other issues

Statement of Truth

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

Signed GRO-C _____

Dated 4th June 2020 _____