Witness Name: Professor Marc Winslet

Statement No.: WITN4473001

Exhibits: WITN4473002-12

Dated: 23rd June 2020

**INFECTED BLOOD INQUIRY**

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**WRITTEN STATEMENT OF PROFESSOR MARC WINSLET**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 17 January 2020.

I, Professor Marc Winslet, will say as follows: -

**Section 1: Introduction**

1. My name is Marc Christopher Winslet and I was born on the GRO-C 1958. My email address is GRO-C
2. My professional qualifications are MBBS, FRCS (Eng), FRCS (Ed), MS.
3. I qualified in 1981 and was appointed senior lecturer and honorary consultant to the Royal Free Hospital School of Medicine in 1992, specialising in general, colorectal and upper GI surgery. I was appointed to a personal chair in 1996 and became Professor of Surgery, Head of Department and Chairman of the Division of Surgery in 1998.
4. In 2002 I was appointed Chairman of the Division of Surgical Sciences at UCL.
5. My main site of Clinical activity was the Royal Free Hampstead NHS Trust, North London, which is a major London Teaching Hospital. This Hospital has several relatively unique features, relevant to this complaint.

6. It is a regional liver transplant and hepato-pancreatic and biliary tertiary referral centre so it is routine to operate on patients with Hepatitis B and C as part of our elective and emergency general surgical service.
7. We are also a regional haemophilia unit and routinely provide elective and emergency surgical services for such patients, including those with Hepatitis B, Hepatitis C, HIV and possible variant CJD.
8. It is also a regional neurosurgical unit and as a result, had a significant number of potential patients with variant CJD which in 2005, was a relatively ill defined entity from a surgical perspective.
9. After my appointment in 1992, and the onset of the HIV/AIDS epidemic, the Royal Free became a regional referral unit with dedicated inpatient and outpatient facilities. On my appointment, I became the sole provider of both elective and emergency AIDS/HIV related surgical services for such patients, many of whom had co-existent Hepatitis B/C and potential CJD. I provided all elective and emergency general and gastrointestinal surgical services and an outpatient service. Prior to the introduction of anti-virals, I would routinely operate on such cases once to twice a week reducing to approximately 2 a month after the introduction of triple therapy. Procedures I undertook included total colectomies, excision of Kaposi's sarcoma, emergency cholecystectomies, splenectomies, management of small bowel obstruction, management of anorectal sepsis and anal intraepithelial neoplasia, Hickman line insertion, lymph node biopsies, hernia repairs and an endoscopy service. I would see approximately 5 patients a week in my outpatient clinic. At the height of the epidemic, in conjunction with St Mary's Hospital, I was offering AIDS/HIV surgical service to Greater London and the South East.
10. I have not been a member past or present, of any committee or groups relevant to the Inquiry's Terms of Reference.

**Section 2: Responses to criticism of witness W1185**

11. Paragraph 27 of the Witness Statement of W1185 dated November 2018, indicates that "the Consultant Prof. Winslett (sic) was extremely reluctant to operate due to potential contamination in surgery and the huge cost to the Trust.

He said that he had three daughters and if he operated on me, even double gloved, if he got HIV or variant CJD he would never able to operate again…I was so disgusted and felt that I had been left to die."

12. In paragraph 28 of the Witness Statement dated November 2018, indicates that he was "made to feel a burden and a leper".

**<u>Clinical Summary</u>**

13. On 15.03.05, Mr Martin Osbourne Consultant Surgeon at Warwick Hospital referred Witness W1185 to me (Exhibit WITN4473002). He indicated that Witness W1185 was well known to the Royal Free and suffered from Christmas disease and Hepatitis C. He had undergone a flexible sigmoidoscopy which revealed a carcinoma in the upper rectum and a CT had shown no metastases. Witness W1185 had been advised that major surgery should be carried out at a Haemophilia centre.
14. Witness W1185 was seen by my Lecturer on 12.04.05. A handwritten entry (Exhibit WITN4473003) confirmed the clinical summary and arrangements were made to undergo an MRI, to be discussed in the MDT with a subsequent Examination under Anaesthetic +/- stoma as rectal examination was painful.
15. The lecturer wrote to Mr Osbourne on 14.04.05 confirming initial management (Exhibit WITN4473004).
16. On the same day, the lecturer wrote to Professor Christine Lee, Professor of Haemophilia, (Exhibit WITN4473005) indicating that we were considering surgical intervention and required advice re supportive treatment.
17. On 25.04.05, Professor Lee wrote to my lecturer (Exhibit WITN4473006) indicating that Witness W1185 was at risk for CJD and that there were implications for instruments, and this should be discussed with the Head of Infection Control.
18. On 26.04.05, an MRI was requested and performed on 06.05.05.
19. On 09.05.05, Witness W1185 was seen in pre-admission for an Examination under Anaesthetic.
20. On 12.05.05, the pre-admission consultation was discussed with me, and arrangements made to review in outpatients with the results of barium enema

and he was to be put on the list after that if needed. The barium enema was subsequently cancelled for reasons that are unclear.

21. I personally reviewed Witness W1185 in outpatients on 25.05.05 (Exhibit WITN4473007). In my letter to Mr Osbourne, I indicated that variant CJD will have implications for any surgical instruments used, which will have to be destroyed. Witness W1185 was referred for consideration for radiotherapy and I indicated that once this was determined, we would make necessary arrangements.
22. On 25.05.05, I wrote to Professor Lee, (Exhibit WITN4473008). I note the patient had haemophilia B and had a previous exposure to Hepatitis C and variant CJD. I asked if Witness W1185 was HCV antibody or antigen positive and for their HIV status if known. This is from the view of intra-operative risk for what is a difficult low rectal tumour in a haemophiliac. I indicated I presumed that there were no other precautions required, other than universal precautions to minimise the risk of exposure.
23. On the same date, I wrote to the Hospital Theatre Manager (Exhibit WITN4473009), indicating that the patient had been exposed to variant CJD and at some stage in the near future would require a low anterior resection. I noted none of the instruments would be reusable and I would welcome the opportunity to discuss arrangements with her.
24. On 02.06.05, Professor Lee wrote to me, (Exhibit WITN4473010) noting Witness W1185 had mild haemophilia B and would need replacement therapy. Witness W1185 was HIV negative but PCR positive for Hepatitis C and at risk for variant CJD. She noted this may have implications for quarantining the surgical equipment that was to be used.
25. After this date it appears that Witness W1185 wrote to me, although the letter is not within the hospital record I have been given.
26. I wrote back to Witness W1185 on 20.06.05 Exhibit (WITN4473011). I noted that several things had to be in place before definite date could be given for surgery. The case needed to be reviewed at the MDT, who indicated that neo-adjuvant therapy would not be required. I needed confirmation of serological status which I had obtained from Professor Lee. I then noted that the third and most difficult problem is that any instruments used cannot be used again. They

are expensive and needed to be sourced from a specialist firm and I noted the Trust's difficult financial situation at that time, due to the significant requirement for non-reusable surgical instruments.

27. I noted that I had sought assurance that everything should be in place for the 6th of July and would subsequently confirm that. I also noted I was slightly at the mercy of external forces as it was not possible to operate in the absence of such disposable equipment. I hoped this explained the situation to Witness W1185 and indicated that I would be in contact shortly.
28. Witness W1185 was admitted on 04.07.05, for factor IX infusion and I saw him on 05.07.05 and explained the procedure and obtained informed consent for an anterior resection with or without a stoma.
29. I personally operated on Witness W1185 on 06.07.05 and undertook a low anterior resection and avoided a stoma (Exhibit WITN4473012). Witness W1185 did not require adjuvant chemotherapy. Witness W1185 was discharged on 15.07.05.
30. He did not attend an outpatient appoint on 04.10.05 and was subsequently reviewed on 22.11.05 and arrangements were made a follow up CT colonoscopy and further outpatient appointment in 6 months.
31. There are no further medical records.

**Response to Criticism of Witness W1185**

32. I wish the Inquiry to note that I have never had any other patient complaint about my attitude in the whole of my clinical career.
33. Witness W1185 had several clinical features which needed to be considered following his referral and prior to surgery which provided both clinical and logistic considerations.
34. Firstly, he had a low rectal tumour in a narrow male pelvis making this a technically challenging operation to avoid a stoma. Such a procedure is associated with a high complication and stoma rate.
35. Furthermore, prior to assessment for surgery, he needed appropriate staging investigations which had not been completed at the time of referral.

36. Witness W1185 also required co-ordination of the management of his haemophilia B which would increase his risk of bleeding during a challenging low anterior resection.
37. At the time of referral, his hepatitis C antigen status, HIV status and VCJD status were unknown and required confirmation. The risk of exposure to such viruses is increased in the presence of haemorrhage which has a higher incidence in this situation, as is exposure to lymphatic and neural tissue.
38. Furthermore, confirmation of vCJD status would require the purchase of dedicated destroyable surgical instruments and require a post-procedure deep clean with prolonged theatre time. It required liaison with the Theatre Manager, Finance Dept via divisional administration and Infection Control.
39. From the first time I saw Witness W1185 on 25.05.05, I had completed his staging investigations, assessed his immunological status, arranged haematological support, liaised with theatre management, Infection Control and the Finance Dept and booked his operation by 04.07.05.
40. The records show I personally operated on Witness W1185 due to the challenging technical nature of his condition in order to minimise the risk of morbidity, mortality and the risk of permanent stoma, as is my usual practice.
41. I note there is no comment re patient dissatisfaction in any of the contemporaneous records and the first time I became aware of it was when contacted by the Infected Blood Inquiry just before Christmas 2019.
42. I have no personal recollection of Witness W1185 from 2005 as it is over 15 years prior to this Witness Statement and my comments are based on the contemporaneous medical records and my normal clinical practice throughout my career.
43. I am unable to reconcile the complaint with my clinical and personal practice and standards.
44. It is possible that this represents a case of mistaken identity as Witness W1185 was initially seen by my lecturer and furthermore, I do not have 3 daughters.
45. My clinical practice shows there was no reason for me to be reluctant to operate, as such scenarios were common in my practice at that time. Furthermore, if I was reluctant, I would not have organised his care in the timeframe detailed and would not have operated on him personally.

46. It is true that if I contracted Hepatitis C, HIV, or VCJD during a surgical procedure I would not be able to operate again but this was a calculated professional risk I took to provide appropriate care for my patients and continued up until the time of my retirement.
47. I believe that the above timeline shows that I had no intention of leaving Witness W1185 to die.
48. The only other explanation that I can realistically consider, is that the clinical and logistic problems that I would have explained in detail during the outpatient consultation, were misinterpreted and misperceived. It would certainly never be my intention to make any patient under my care feel disgusted, a burden and a leper. I believe that my clinical practice detailed above confirms this to be true.
49. I am sorry if Witness W1185 felt, at the outpatient consultation, that I was reluctant to operate or that the cost of instruments in any way influenced my decision regarding surgery, I was simply trying to be completely honest about the steps and difficulties we had to overcome before surgery could take place.
50. If such a misinterpretation did occur, then I can only unreservedly apologise for any unintentional pain and suffering this caused, as I was completely oblivious of this misperception until Christmas 2019, and thus had no prior opportunity.

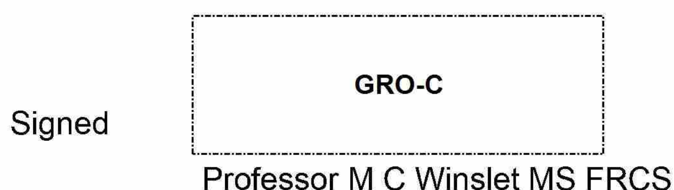
**Section 3: Other Issues**

51. I do not believe there are any other issues relevant to the Inquiry's investigation of the matters set out in the Terms of Reference.

**Statement of Truth**

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

Signed




Professor M C Winslet MS FRCS

Dated 23rd June 2020

**Table of exhibits:**

| Date | Notes/ Description | Exhibit number |
|---|---|---|
| 15.03.05 | Letter to Prof. Winslet from Mr Martin Osborne | WITN4473002 |
| 12.04.05. | Handwritten entry confirming initial management by Lecturer | WITN4473003 |
| 14.04.05 | Letter from Lecturer to Mr Osborne | WITN4473004 |
| 14.04.05 | Letter from Lecturer to Prof. Christine Lee | WITN4473005 |
| 25.04.05, | Letter from Prof. Lee to Lecturer | WITN4473006 |
| 25.05.05 | Prof Winslet Outpatient Notes | WITN4473007 |
| 25.05.05 | Letter from Prof Winslet to Prof Lee | WITN4473008 |
| 25.05.05 | Letter from Prof Winslet to Hospital Theatre Manager | WITN4473009 |
| 02.06.05 | Letter from Prof Lee to Prof Winslet | WITN4473010 |
| 20.06.05 | Letter from Prof Winslet to Witness W1185 | WITN4473011 |
| 06.07.05 | Operation Note | WITN4473012 |