

Witness Name: Dr Keith George

Statement No.: WITN4534001

Exhibits: WITN4534002

Dated: 29 July 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR KEITH GEORGE

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

I, Dr Keith George will say as follows: -

Section 1: Introduction

1. My name is Dr David Keith George **GRO-C** 1964. My work address is Gastroenterology Unit, Torbay Hospital, Torquay, TQ27AA. My professional qualifications are MBChB 1987, MRCP 1991, FRCP 2001.

I have been a Consultant Gastroenterologist at Torbay Hospital, currently part of The South Devon and Torbay NHS Foundation Trust since May 1999. I care for patients with a wide variety of gastrointestinal (e.g. cancer, colitis and Crohn's disease, anorexia, bleeding and anaemia, pancreatitis) and hepatology (e.g. cancer, alcohol, viral hepatitis, fatty liver) problems including patients with chronic hepatitis C.

2. I do not believe that I have been a member of any committees relevant to the Inquiry's Terms of Reference.

Section 2: Responses to criticism of W1945

3. Clearly the amount of information that I gave to W1945 is a matter of perception. The hospital notes in 2001 document that we had 2 clinic consultations and that I thought he was happy with our consultations. In terms of prognosis, they

document that I told him that 80% of patients with chronic hepatitis C will have a normal life expectancy or die of problems unrelated to hepatitis C. His genotype was not available when we consulted in 2001 but if available I would have told him that his genotype would not make a difference to prognosis. When genotyping did become widely available at this hospital I would tell patients that I did not think it would affect their prognosis, but would affect how difficult the hepatitis C virus was to treat at the current time.

In paragraph 26, W1945 criticises me for demanding that he provides me with a list of his sexual partners. I would never have done this. The hospital notes record a discussion about the risk of sexual transmission at his request.

In paragraph 27, W1945 criticises me for writing a statement in a letter which was not written by me.

4. I did not significantly delay completion of Stage Two of The Skipton Fund form in 2014. The hospital records show that W1945's letter accompanying his application form was dated 22 Sep 2014. On 15 Oct 2014, the hospital notes were called for by my secretary in order for me to complete the form, probably after a telephone reminder from W1945 (although this is not recorded). On 17 Oct 2014 my secretary phoned W1945 to let him know that I had received the notes. On 18 Oct 2014, W1945 wrote to my secretary thanking her for the call and asking her to let him know when the form had been completed. The form was completed and posted on 22 Oct 2014 and I believe that my secretary would have phoned him on this day to let him know.

5. The information I had available to complete the Skipton Fund form in Oct 2014 was a Fibroscan result from Feb 2013 (when a Fibroscan was only performed at Derriford Hospital, Plymouth) and blood test results from Nov 2012 and Nov 2013. These results did not indicate cirrhosis. We would not normally repeat a Fibroscan within 3 years of the first assessment, particularly at this time when it was a scarce resource.

In 2015 when W1945 was being considered for a fourth renal transplant, it was thought best that his liver care was transferred to The Royal Devon and Exeter Hospital where his renal care had always been. The clinic letter (**WITN4534002**) from his renal physician to me asking for his care to be transferred states:

'He obviously fully appreciates your care that you have given to him over the last few years'

In March 2016 when being considered for newer hepatitis C treatments at Exeter, a repeat Fibroscan was requested as part of the assessment for this treatment. This was performed at Torbay Hospital (as we now had our own Fibroscan machine but The Royal Devon and Exeter Hospital did not). This Fibroscan result, performed in May 2016 gave a reading that suggested cirrhosis (3 years after the initial reading). The hospital notes do not record any interaction between myself and W1945 since 2014. I have no recollection of speaking to him about another application to the Skipton Fund. I certainly would not have told him that 'he would not qualify' based on his Fibroscan result in 2016.

Statement of Truth

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

Signed _____ **GRO-C** _____

Dated 24.7.20

Table of exhibits:

Date	Notes/ Description	Exhibit number
05/10/2015	Clinical letter outlining change of care for the witness. In this letter Dr D'Souza states 'He obviously fully appreciates your care that you have given to him over the last few years'.	WITN4534002