

Witness Name: Dr Mary Morgan

Statement No.: WITN4560001

Exhibits: WITN4560002; WITN4560003

Dated: 06 August 2020

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF DR MARY MORGAN

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 29 January 2020.

I, Dr Mary Morgan, will say as follows: -

#### **Section 1: Introduction**

1. Dr Mary Morgan

c/o Medical Defence Union

[GRO-C] London: [GRO-C]

Date of birth: [GRO-C] 1950

Professional Qualifications: MB BCH MRCP MRCPATH

2. Consultant Haematologist Huddersfield Royal Infirmary

August 1987 to February 1991.

I was responsible for the care of patients with malignant and non-malignant haematological disorders, overseeing the haematology laboratory and providing an advisory service on test results for the general practitioners.

Consultant Paediatric Haematologist, University Hospital Southampton

July 2002 to June 2016

I was responsible for the care of children in Wessex referred to the regional paediatric haematology /oncology centre specifically with leukaemia and

non-malignant haematological conditions. I provided a consultative service for the department of Paediatrics within the University Hospital. Southampton is a comprehensive haemophilia care centre and I managed the children with inherited bleeding disorders. I participated in paediatric postgraduate education as well as the haematology specialist registrars training programme.

3. I was a past member of UK Haemophilia Doctors Organisation (UKHCDO) from 2005 until my retirement in June 2016.

### **Section 2: Responses to criticism of W1137**

4. Response to paragraph 22 - After this length of time, I cannot recall any details of this consultation which I believe took place between the patient, Dr Barlow (my predecessor as consultant haematologist) and myself. I believe that I have been asked to make the statement as Dr Barlow is deceased.

A section of the case notes dated from November 1986 to April 1991 have been made available for review. There is no written record of this meeting nor who was present.

We, Dr Barlow and myself, have been described as “caring and understanding before the diagnosis” but our bedside manner at the consultation is criticised as “poor”. I am very sorry if the patient felt this was the case. As a medical professional I have always aimed to be sensitive to the situation and breaking bad news is one of those situations. The information given to a teenager that he has a potentially life-limiting condition is devastating.

5. Response to paragraph 23 - There is no written record in the case notes about what information was given to the patient. The information given to the patient in 1987 would have been based on what was known about HIV at that time and not the current level of knowledge about the virus. HIV was considered to be sexually transmitted, hence the potential to spread the infection. It was important to discuss issues around physical relationships. I am very sorry if anything said at that meeting upset the patient.

6. Response to paragraph 24 and 26 - I cannot recall the details of the conversation and the advice "not to make plans for the future or pay into a pension scheme." I would certainly not have used the language that a patient was "a lost cause." I have cared for a number of patients in my professional life with incurable medical conditions and have never used this terminology.
7. Response to paragraph 75 and 76 - I did not deliberately or knowingly infect the patient with HIV or hepatitis C. The time of the infection was before 1987 when I took over his care. I did not carry out any experiments on any patients.

I can only comment about the necessity for factor VIII replacement therapy during the time that I was responsible for the patient between August 1987 and February 1991. According to **exhibit WITN1137002** attached to the witness statement, factor VIII products were issued on 4 occasions from HRI during that period. There is no record of the quantity of factor VIII issued. All of these were heat-treated factor VIII products according to national guidelines.

There are a total of at least 9 bleeding episodes which I recorded in the case notes when he attended outpatient clinics. He was not seen for every bleeding episode, as he treated himself at home. I have reviewed the details of the episodes recorded in the case notes which were all joint bleeds with the exception of a single buttock haematoma. All of these bleeds mandated factor VIII replacement.

The virus causing HIV infection was first identified in 1983. The patient was tested for HIV in January 1985 and found to be antibody positive. (I had made a record of this in the case notes on the first occasion I reviewed him in the clinic on 2<sup>nd</sup> October 1987). The precise date of infection is not known, but the patient was already infected before I became the consultant responsible for his care in August 1987.

Before that date a total of 21 (according to **exhibit WITN1137002**) treatments with either cryoprecipitate or factor VIII had been issued. The quantity of factor VIII provided was not stated. The first cryoprecipitate was administered in 1977 and the first dose of factor VIII concentrate in 1978.

In 1989 researchers identified a marker to detect another hepatrophic agent previously known as non-A non-B. This was subsequently identified as the hepatitis C virus. The first generation test was developed in 1990 and did not detect the Hep C antibody in all cases. By 1992 the second and third generation testing was much more sensitive.

The patient was tested for Hepatitis C in July 1992 and found to be antibody positive. (**Exhibit WITN1137003**). The test was requested by the consultant at Bradford Royal Infirmary, as the patient had transferred his care to the Bradford haemophilia centre. In paragraph 47, the patient states he believes that he was tested for hepatitis C in 1983/4, but no test was available at that time.

The patient had been treated according to the national haemophilia guidelines at the time and had received the same treatment as other haemophiliac patients throughout the UK. He had received blood products prior to the discovery of both HIV and hepatitis C.

8. Response to paragraph 76 to 82 - In keeping with the recommendations at the time, I referred the patient to a psychologist for counselling about the HIV. I would not have dictated what specific type of counselling and support should be instigated but will have left this to the expert in psychology to provide appropriate supportive therapy. I did not specifically prescribe "cognitive behavioural therapy" as I do not have a level of expertise to know if this type of therapy was appropriate for the situation. I am very sorry that he suffered a significant amount of emotional trauma. I am sorry that he did not feel the therapy was supportive.
  
9. Response to paragraph 81 - Having reviewed the medical case notes, there is a letter dated 25.11.1987 (**exhibit WITN4560002**) from the clinical psychologist indicating that he carried out the Wechsler Adult Intelligence Scale on the patient on 2.10.1987 and advised repeating this after an interval of 6 months in April 1988. This is an IQ test designed to measure adult intelligence and cognitive ability in adults and older adolescents. My reply to the psychologist was if the patient was agreeable to further retesting, then an appointment should be sent. I am very sorry that the patient felt the tests were not necessary.

On 8.2.1990 (**exhibit WITN4560003**) I wrote to the patient thanking him for seeing the clinical psychologist at his routine haemophilia review visit the previous week with me. I indicated that the tests carried out were normal and again gave the patient the option of continuing the therapy or not. There may be separate psychology notes recording the consultations and test results.

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

I last reviewed the patient on 6.2.1991. He was given a routine appointment for April 1991, which he did not attend. I had resigned from my post as consultant haematologist at the end of February 1991 to take up another position abroad, which I had previously communicated to the patient.

The **exhibit WITN1137002** shows that from 1991 the factor VIII products were being issued by another centre. The patient had transferred his care to the Bradford Haemophilia Centre.

### **Statement of Truth**

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

Signed \_\_\_Dr Mary Morgan\_\_\_\_\_

Dated \_\_\_\_\_18/08/2020\_\_\_\_\_

### **Table of exhibits:**

| <b>Date</b> | <b>Notes/ Description</b>                                     | <b>Exhibit number</b> |
|-------------|---|-----------------------|
| 25.11.87    | Letter from clinical psychologist with Dr Mary Morgan's reply | WITN4560002           |
| 8.2.90      | Letter to Mr Cantwell about his psychology test results       | WITN4560003           |

GRO-C

18. 8. 2020