Witness Name: Nicola Anne Relph
Statement No: WITN2722001
Exhibits: 0
Dated: 29 March 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF NICOLA ANNE RELPH

I, Nicola Anne Relph will say as follows:-

Section 1. Introduction

1. My name is Nicola Anne Relph. My date of birth is the GRO-C 1974 and I live at GRO-C Devon GRO-C with my husband, David Relph. We married in 2008 and we do not have any children. I work as a General Practitioner in Bideford, Devon.

2. This witness statement has been prepared without the benefit of access to my medical records.

Section 2. How Infected

3. In August 1989, at the age of 15, I was diagnosed with Acute Myeloid Leukaemia. From August 1989 until April 1990 as part of the treatment for this I needed multiple blood transfusions and platelet transfusions.

4. I had most of the treatment from the Bristol Children's Hospital (under the care of the oncology team: Consultant Professor Mott, Professor Oakhill and Dr Jackie Cornish). I also had some of my transfusions at the Musgrove Park Hospital (under Dr French) and at the Royal Devon and Exeter Hospital.

5. I required the transfusions because the Leukaemia was preventing my bone marrow from producing enough red blood cells and platelets making me deficient in both. I then had a bone marrow transplant in March/April 1990 at Bristol Children's Hospital.

6. In February 1990, my liver functions became elevated to more than three fold the normal range. At the time I recall Dr Nicky Harris stating that she could not explain the reason for this, and they needed to check that it was not due to having a relapse of the cancer, and also to exclude Hepatitis A and B as possible causes. No cause was found at the time.

7. I was 15 when I needed the blood transfusions and have a very clear memory of my time at the hospital. I was not told prior to receiving any of the blood products of the risk of blood borne infections including any form of hepatitis.

8. I have also spoken to my parents and they are very clear that they also were not asked for any consent for me to have blood products, nor were they warned about any risks associated with receiving blood transfusions.

9. The only information that I was given prior to the treatment was that the bone marrow transplant could cause infertility.

10. As a result of receiving the blood transfusions I contracted Hepatitis C (HCV).

11. I found out about the infection in 1995, I was about 20 years old. I was a medical student in Bristol. I recall attending a lecture about Hepatitis. We were taught about the transmission of HCV through blood products received prior to 1991 in the UK. As a result of this I was aware that I was at risk.

12. I requested a test from my GP at Student Health in Bristol.

13. I received a telephone call from the GP stating that my blood test results had come back and I needed to see her. At the appointment the GP was clearly out of her comfort zone, but she said that I was found to have HCV, but she was unable to give me any information. It was apparent by her abrupt nature and lack of empathy that she was ill-informed about the infection. However she referred me to the Dean of the medical school which I attended, Dr Barry. He was conveniently a liver and HCV specialist. I was able to see him within a couple of days.

14. At that point a major concern was whether I could be a doctor whilst having HCV.

15. Dr Barry was able to tell me that the risk of me infecting my partner was almost zero, as at the time there had been no cases found from sexual transmission.

16. He also told me about the longer term risks of cirrhosis of the liver and liver cancer. I was advised to drink very little alcohol, and not to share razors and toothbrushes with housemates.

17. I was advised that I could continue to study medicine, but that I should not pursue a career in any speciality that involved invasive procedures, such as surgeries, Obstetrics and Gynaecology.

18. Dr Barry also advised me that he would arrange for me to do my trainee placements in the local Bristol area rather than further afield in district general hospitals.

19. I had to tell my housemates, three women, about my infection, which also caused me a significant worry as I was not sure whether I had not already put them at risk by using shared products in the house.

20. It was awkward to tell them about it, but they took it well and proved to be very understanding, they were either vets or doctors. My partner was very understanding as well.

21. I believe that the information about my infection should have been provided to me earlier. If it was not for the fact that I was a medical student and had I not enquired about it for myself, I may not have found out about the infection.

22. I should have been actively contacted by the transfusion service or the Bristol Children's Hospital and advised that I may be at risk, and that I may wish to be investigated for this.

23. By not telling people that they are potentially at risk of infection could lead to them becoming a massive risk to other people. In my case the risk would arise if I was to decide to be an invasive doctor.

24. I believe that there might be people who have been infected but who are not aware of it.

Section 3. Other Infections

25. I am not aware that I have contracted any other infections as a result of being treated with blood transfusions.

Section 4. Consent

26. I was given no information or counselling prior to having a HCV test.

27. I am unaware of any evidence to suggest that I was tested without my knowledge for any purpose.

28. I did not receive any treatment without my knowledge.

Section 5. Impact

29. I was told of the diagnosis at the end the second year of my medical degree when

we were studying pre-clinical medicine. I did not have any patient contact at that time.

30. It was very distressing when I was initially diagnosed, particularly due to the questions that arose as to whether I could continue with my ambition to be a medical doctor, and the subsequent constraints that limited the fields of work that I could pursue.

31. It was also frustrating as putting others at risk was something that could have been avoided if I had been informed earlier about my potential exposure to the infection, as they knew about the virus in 1990 or potentially earlier.

32. Dr Barry arranged for me to have a liver biopsy, which was performed at the Bristol Royal Infirmary in September 1995, followed by clinic appointments with his Registrar at the time, Dr Moran.

33. During these clinics he arranged for me to start Interferon treatment and warned me of the side-effects of this medication and the administration and duration. I was due to commence treatment in December 1995.

34. Having to have a liver biopsy and then the thought of having injections for six months that may or may not cure the condition, but would make me feel like I had flu for the duration was distressing. Particularly as during the time I had to study for my degree in Medicine.

35. The longer term risks of potentially having liver failure in 20-30 years if the treatment did not clear the infection were also upsetting mentally, given that I had just been through the ordeal of treatment for Leukaemia.

36. When I attended the clinic in December 1995 to collect the Interferon injections and commence the treatment I was told they had subsequently undertaken a PCR test which showed that I was no longer an active carrier of the infection, and that I did not require any further treatment. The test showed that I had HCV antibodies but no

antigen, which made it appear as if I had HCV but I had cleared it. This was between 1990 and 1995.

37. I had several more tests undertaken to be absolutely convinced that this was the case.

38. I do not believe that there were any treatments available at the time which I ought to have been given, especially given my situation.

39. In my career as a doctor, it can be hard to admit to colleagues about my history of HCV and my concern that they will think I could be a risk to patients.

40. In 2003 I travelled to Peru via Denver, USA and I developed a lot of abdominal pain on the way home. The pain started to decrease so I waited until I returned to England for treatment as I was in Denver, USA at the time and the medical care here is cheaper.

41. On my return I had an ultrasound scan at the Royal United Hospital in Bath which showed some abnormalities, one legion had bled and two others were shown. I was then referred to Birmingham for further investigations.

42. I was diagnosed with fibronodular hyperplasia of the liver. This may have been precipitated by the HCV or the chemotherapy I had for Leukaemia or a combination of both.

43. I do not believe that being HCV positive affected my treatment for any other condition.

44. HCV had an impact on my family and friends. Having to tell my parents and family after I had already been through the diagnosis and treatment for Leukaemia aged 15, was extremely upsetting for all of us. Also as stated above, having to share this information with those close to me and in particular those that I could have put at risk was very difficult.

45. The stigma attached to HCV to some extent affected how I was treated by the medical staff for other medical interventions. I had a treatment for bowel cancer in 2008, and therefore the medical staff caring for me were aware of this diagnosis. This felt quite uncomfortable, as I felt that I needed to explain that I had cleared the virus and I was no longer a risk to them, as people were generally worried of the risk of exposure to HCV.

46. Whilst there was no direct effect of HCV on my education, it did affect my career tremendously. I am not able to work in any fields of medicine that involve invasive procedures and this includes all forms of surgery, Obstetrics and Gynaecology, invasive cardiology and radiology, which tend to be the higher earning posts in medicine.

47. As a result of being infected with HCV I feel I have been deprived of the opportunity to not only have a greater income but also to try myself in a different area of medicine which I could potentially have been very successful at.

48. I have also been refused Critical Illness insurance cover due to my liver history, and as a result in 2008 when I was diagnosed with bowel cancer this meant that for 11 months whilst I received treatment, I had no income. Indeed I had negative income as during this time I had to cover my partnership expenses, in particular the cost of a locum. The insurance cover would have assisted. I had received a letter stating that I was clear of HCV, but cover was still refused.

49. I have not tried to get insurance cover since the refusal, as in particular I recall being told by someone that when they had tried to get insurance that it was so expensive that it was not worth it.

Section 6. Treatment/Care/Support

50. I have not had any difficulties in accessing any treatment, care and support as a consequence of being infected with HCV.

51. I was never offered any counselling in relation to being infected with HCV. I believe that it could have been useful, as I have been through two very difficult illnesses: Leukaemia at the age of 15, and then HCV as a result of the treatment for Leukaemia.

Section 7. Financial Assistance

52. As yet, I have not received any financial assistance from any of the Trusts and Funds.

53. In 2019, through a colleague at work, whose husband had died following interferon treatment as a result of contracting HCV, he contracted the virus in a similar fashion to me, I have become aware of the Skipton Fund.

54. I have not yet received anything from the Fund as I have just started the application process. I need to prove that I was infected and that this led to a chronic infection, which is difficult to do. I suspect I cleared the virus as some point between 1990 when I contracted it and December 1995 when the PCR test was negative. Therefore I may have had a chronic infection during that time, or it may have been as a result of the Bone Marrow Transplant that I cleared the infection.

55. The only preconditions which I am aware of are that I have to show evidence of chronic infection, or the infection being cleared as a result of treatment.

56. I am aware that I am possibly eligible to receive a payment of £20,000, an annual sum and a winter fuel payment from the Fund if I can prove chronic infection or that the infection resolved as a result of treatment.

57. I think that as I was in receipt of the product in 1989/1990 when the existence of HCV was known and other countries had already put in practice screening of products to avoid this infection, that I should be eligible to this compensation regardless of the outcome of the infection.

Anonymity, disclosure and redaction

58. I confirm that I do not wish to apply for anonymity and that I understand this statement will be published and disclosed as part of the Inquiry.

59. I do wish to be called to give oral evidence if I can assist the Inquiry.

Statement of Truth

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

GRO-C

Signed..

Nicola Anne Relph

Dated: 29th March 2019