

Witness Name: K J OSBORN

Statement No: WITN2791001

Exhibits: WITN2791002

Dated: February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF KATHRYN JOYCE OSBORN

I, KATHRYN JOYCE OSBORN will say as follows:-

Section 1. Introduction

1. My name is Kathryn Joyce Osborn Nee Saunders of GRO-C
GRO-C, Devon GRO-C. I was born on the GRO-C
1975.
2. I worked as a nurse in acute cardiology, where my husband was a junior doctor, and am now working in general practice. I married my late husband Dr Niall Cox on 4 September 1999. There are no children to the marriage. Sadly, he passed away on 21 March 2002 at only 32 years of age.
3. Niall was an only child born on GRO-C 1970. His mother is still alive at 86 and I have a very good relationship with her.
4. I have since remarried and am living with my current husband and two children.
5. This witness statement has been prepared without the benefit of access to my late husband's full medical records. If and in so far as I have been provided

with limited records the relevant entries are set out in the medical chronology at the end of this statement.

Section 2. How infected

6. My husband was diagnosed with Acute Lymphoblastic Leukaemia in 1986 and underwent chemotherapy at the Bristol Children's Hospital. He relapsed in 1989 and had to go through autologous bone marrow transplantation. Whilst undergoing this procedure, my husband received multiple blood transfusions. He made a full recovery from this and spent the years from 1990 to 1996 studying medicine at St George's Medical School in London.
7. In 1996 he started his career in medicine. I met him that year whilst we both worked at Basingstoke District Hospital. I was a nurse there and he had been posted in the same ward as me. We married in September 1999, settling in North Wales as Niall got a 5 year post in Age Care medicine. We were both delighted at this and Niall remained fit and healthy throughout this period.
8. As far as I am aware nothing was ever discussed with him prior to his blood transfusion regarding the possibility of him getting an infection from the blood products he received.
9. Niall was a highly intelligent student at the time he found out about his condition. During his university days, he attended a lecture delivered by a haematologist who had mentioned that some blood products carried the risk of infection. Unsurprisingly Niall recalled how he had been given such products and thought that he too could be at risk of infection. Following the lecture, he approached a doctor at St George's. I believe he was tested at some point between 1991 to 1995 which then confirmed his diagnosis of Hepatitis C in 1995. I refer to Exhibit WITN2791002, a letter from Dr A Oakhill at Bristol Children's Hospital dated 17 August 1995.
10. After his diagnosis was confirmed, he carried on with life. Nobody monitored him and he managed everything himself. I would imagine that because he

was a medical student and went on to be a doctor, he possessed the knowledge to do so.

11. On March 2nd 2001, having received medical advice, Niall decided to start clearance therapy for Hepatitis C. It was believed that this would reduce the risk of him having future complications. The treatment at the time was Interferon and Ribavirin. This was initiated by Dr Owens at Gwynedd Hospital Bangor. Within 2 weeks his blood count had dropped and by the 26 March 2001 he was diagnosed with an Acute Anaemia. Medication was stopped and restarted several months later at a reduced dose. This caused more problems with his blood count and he was diagnosed with myelodysplastic syndrome in August 2001 by Dr Parry at Gwynedd Hospital. At this stage all Interferon and Ribavirin was stopped.

12. Niall started Chemotherapy in November 2001 and in February 2002 went for a Matched Unrelated Bone Marrow Transplantation at Bristol. He died in hospital thirty days later aged 32. Prior to the transplant, we had been told that the odds of him surviving were 30-40%, but he had very little option at this point. If he hadn't had it he would have died.

13. His death certificate states that the cause of death was (1) Cerebral Thrombotic Thrombocytopenia Purpura, (2) Secondary Myelodysplastic Syndromes and Unrelated Donor Bone Marrow Transplant. At the time of Niall's death I was asked if I wanted Hepatitis C listed as a causative factor in his death. It was decided on discussion with the certifying Doctor to omit this because of the stigma attached and in light of Niall's profession.

Section 3. Other Infections

14. As far as I am aware, Niall only had Hepatitis C.

Section 4. Consent

15. I do not believe that Niall gave his consent with adequate or full information. If he had known that the blood products carried the risk of Hepatitis C he would not have consented to being treated by it.

Section 5. Impact of the Infection

16. Niall was a doctor who had a blood borne virus, and he knew that this was extremely risky to his patients. Occupational health disclosure guidelines demanded that Niall should tell his employer about any infections that could put other patients at risk. Niall therefore was obliged to tell Occupational Health. Besides that, only a couple of his colleagues knew. He never made it common knowledge. He knew that if a patient found out that a doctor with Hepatitis C treated them, things would blow up out of all proportion. He could not perform surgery or be involved in any procedures that involve penetrating a patient. In the end he went into Age Care which involved caring for the elderly patients. He enjoyed it, but his choices were limited. I always thought that he would have loved to have been a cardiologist.

17. When I first met Niall I would never have known that he was suffering with Hepatitis C. He worked long hours. He would go to work on Friday evening and come home on Monday morning. It was after he started the Interferon treatment that I saw massive changes in him. We went to Birmingham as they found it was safe to start treatment in around March 2001. He started feeling fatigued and could no longer work the long hours he could before. He'd often come home on weekends and always looked awful. He therefore went for tests at work and was found to be anaemic.

18. Accessing treatment was not an issue usually, but I remember in early January 2002, there was an outbreak at the bone marrow unit which delayed his transplant by a month. As a result Niall went through another round of chemo and had the transplant in February 2002. After twenty eight days, I thought I was ready to take him home, but then Niall became very unwell and lethargic. Thirty days after the transplant, in March 2002, he passed away in the bone marrow unit.

19. I always believed that had he not had the Interferon and Ribavirin treatment, he would have survived. Until he went on this treatment, for a disease that he had contracted by no fault of his own, he was doing okay. It was only after that treatment that his health deteriorated.
20. Niall met me in Basingstoke District Hospital in 1996 when he was 25, but he had never been intimate with anyone. I know he'd had a few girlfriends during medical school, but knowing what he had, he was very careful. I qualified and followed him to his workplace and was fortunate to find a job in Swindon as a newly qualified nurse. I always followed my husband and never had issues moving around with him. When we first met, we were young and professional, affluent and happy.
21. Luckily he had a close circle of school friends who knew about the virus and they saw him regularly as he'd been unwell. They were very supportive, but no one at medical school knew that he had Hepatitis C. This was because of the stigma, but also the fact that it could have affected his career as a doctor.
22. His poor mother was devastated as she lost her only child. Her life has ripped apart from what happened to Niall. I was also very young. It was really hard for me to lose my husband. My mum was also devastated. My mum and dad were both still alive, but three years later, I lost my dad to cancer. My twenties were lost. Everyone who knew him was heartbroken as Niall was a very loveable, intelligent man.
23. Financially, after his passing, his bank accounts were frozen until we went through probate. I was off sick from North Wales Hospital for 4-5 months. I still got a salary and shortly after that I resigned. I was paid Niall's basic salary from Bangor Hospital for three months after his death. This was a godsend whilst I was sorting myself out. I sold my house and Niall had a life insurance policy so I was fortunate. It took months to sort out.

24. In July 2002 I moved. I wondered if I still wanted to do nursing but I did miss it so I got a job in Barnstaple. I spent eight years working there and left nine years ago moving into General Practice. I have since done a Masters in Advanced Nursing Practice in Bristol over 5 years. I am still residing in

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My mum lives only seven miles away. Life was tough but I had to put my head down and get on with it.

Section 6. Treatment/care/support

25. Neither I nor my husband was ever offered any counselling or psychological support in consequence of what happened.

Section 7. Financial Assistance

26. Nothing was available to assist me when he went into treatment and we found that it wasn't working, but we were fairly affluent and had good jobs. We had conversations that if the worst came to the worst, we would sell our house and our car and live with our parents.

27. Very recently, I received £20,000 for Niall's death and £10,000 for me as a widow from the Skipton Fund in addition to winter fuel payment.

28. I only found out about the Skipton Fund years later in 2015 and that was only because of media attention. Before that I didn't know of its existence even though I worked in the medical profession.

29. The struggles didn't end there. The application forms had to be filled out by the doctors who cared for Niall, as the Fund required evidence that Niall passed away as a result of Hepatitis C, but I struggled to get in touch with them. Most of his doctors didn't want to get involved and Bristol Children's Hospital refused to fill out the forms I sent them. In the end I had to fill out the application form myself. I pushed for the letter evidencing his condition from the hospital in Bristol. I found dealing with them quite challenging as one moment they would say they have the notes and the next they said they'd lost the notes. Other times

they would say they will search for the records and would let me know, but they wouldn't get back to me. His consultant in Bristol passed away years ago and his GP notes and notes from Bangor have been destroyed.

Section 8. Other Issues

30. Travel insurance, life insurance and getting a mortgage was difficult. We had an amazing financial adviser who helped us in that respect but one time we had gone to our local branch of HSBC and were looked at as though we were crazy wanting a mortgage.

31. If Niall had not had a contaminated blood transfusion he would not have required treatment to clear his Hepatitis C; he would not have developed secondary myelodysplastic syndrome; he would not have required a bone Marrow transplant and would not have developed the thrombocytopenia which led to his cerebral bleed.

Anonymity

32. I do not want to remain anonymous and I want to give oral evidence to the Inquiry.

Statement of Truth

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

GRO-C

Signed...

Kathryn Joyce Osborn

Dated

25/2/19