

Witness Name: Dr Diptendu Bhattacharyya

Statement No.: W5276001

Exhibits: None

Dated: 16th December 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DIPTENDU BHATTACHARYYA

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 8 December 2020.

I, Dr Diptendu Bhattacharyya, will say as follows: -

Section 1: Introduction

1. This statement is made from my own personal recollection. For a more comprehensive report I will need access to the patient's medical notes. I retired from full time NHS Fife practice in March 2014. My name is Dr Diptendu Nath Bhattacharyya. My address is [GRO-C] I was born on [GRO-C] 1946.

I hold the following qualifications:

- MBBS - University of Calcutta
 - MRCP (UK) - July 1975
 - DTM&H (London) 1985
 - MSc (Thesis) - University of Kent at Canterbury 1981
 - FRCP (Edinburgh)
 - FRCP (London)
2. Rather than a Haematologist, I was a specialist in Infectious Diseases. Between July 1982 and September 1986 I worked as a senior registrar in Medicine and Infectious Diseases and Tropical Medicine at the Hospital for Tropical diseases, London and Coppetts Wood Hospital (Royal Free Hospital, London).

Between January 1987 and March 2014, I worked as a full time NHS consultant in Infectious Diseases in Fife providing both inpatient and outpatient services including the blood borne virus service (hepatitis C, hepatitis B and HIV). I also contributed to the acute medical on call rota along with other general physicians. I was supported by a staff grade doctor, two blood borne virus specialist nurses and also a social worker. Blood borne virus specialist nurses always came to the clinic and dealt with counselling of patients with hepatitis C. There was always a clinic nurse present in the clinic room while I was consulting with patients with blood borne viruses.

3. I have held membership of the following committees /associations.

- Member of the Fife area Infection Control Committee
- Fife Antibiotic Management Team
- Blood Borne Virus task group
- Fife Clostridium Difficile and MRSA Group
- Member of the Fife BMA Ethical Committee
- Previously served as Chair of Fife Area Infection Control Committee
- I have regularly attended various Incident Control meetings such as for E.Coli and Gastroenteritis outbreaks
- As an Infectious Diseases physician and also as a member of AMT (Antibiotic Management Team) I played a lead role in introducing a restricted antibiotic list for the Acute Admission Unit and also in the ward in Fife hospitals.

Section 2: Responses to criticism of W2252

4. In paragraph 3, 11 and 13 the witness has stated that I accused his wife of being a drug addict or a junkie. I would like to reassure the Inquiry and the witness that this was not the case and I apologise if this was the perception the patient had. I certainly take a drug history, any history of blood transfusion and sexual history when I deal with patients undergoing counselling for hepatitis C. As would be my normal practice, I would also have discussed with the patient the common risk factors for hepatitis C infection such as any history of blood transfusion, drug abuse by injecting and risks associated with sexual transmission. I always asked for a chaperone or clinic nurse to be present when I saw any patients with hepatitis C infection. If I had been rude or offended anybody by using the words drug addict or junkie, other members of staff would have been aware of the incident.

I was not involved in the patient's care while she was in the maternity hospital, Dunfermline, in October 1985.

5. The witness states that his wife was not given any information about hepatitis C infection and treatment.

As would be my normal practice, the patient would have been given all the information we had about hepatitis C infection by me, and also by two specialist nurses, about antiviral treatment duration and side effects. The patient also has to sign a consent form before starting antiviral therapy. I note that the patient received some treatment with interferon and ribavirin. She would therefore have been seen by specialist nurses on a regular basis while undergoing treatment with interferon and ribavirin.

I note that unfortunately she was unable to tolerate interferon and had to stop because of side effects.

I note that the witness says that if his wife had known about the side effects of interferon and ribavirin, she would not have taken them. I would like to reassure the Inquiry that all patients were given information about the side effects of antiviral drugs before starting treatment and before signing the consent form.

6. In paragraph 13 and 23 the witness mentions that I delivered the diagnosis in a cold and horrible manner. I was very sorry to read this. I always gave a diagnosis of hepatitis C to a patient in the presence of a blood borne virus (BBV) specialist nurse so that they were aware of the diagnosis and could organise extended counselling. I hope that had I inadvertently acted in an unacceptable way or upset a patient, this would have been brought to my attention at the time by the nurse. Counselling for hepatitis C was a continuous process. In my experience very few people could retain all the information that had been given to them during the first visit. In view of this the BBV specialist nurses organised several appointments following the initial diagnosis to allow information to be repeated and so that patients could ask questions and be given information about things such as routes of transmission, risk of sexual transmission, diet and cross infection. While discussing the risk of cross infection, my practice has always been to stress the importance of avoiding blood to blood contact and not to share toothbrushes and shaving razors.

I note in paragraph 13 the patient had further new treatment with oral drugs in November 2015. I was not involved in her care at that time. I would expect that the consultant gastroenterologist and BBV specialist nurses would have discussed this treatment with the patient, but cannot comment further on this.

Section 3: Other Issues

7. I have had no access to the patient's medical notes. The statement is made from my own recollection and based on my normal practice at the time, in 2010. As previously

mentioned, it was my policy that one of the clinic nurses was always present in the consulting room when I was having a discussion with a patient.

Statement of Truth

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

Signed GRO-C

Dated 16th December 2020