

Witness Name: CHRISTINA MCLAUGHLIN

Statement No: WITN2778005

Exhibits: 0

Dated: FEBRUARY 2020

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF CHRISTINA MCLAUGHLIN

I, CHRISTINA MCLAUGHLIN, will say as follows:-

Section 1. Introduction

1. My name is Christina McLaughlin. I was born on GRO-C 1971 and I live at GRO-C, Northern Ireland.
2. This is my Second Statement. It should be read in conjunction with my First Statement given to the Inquiry (Witness Number WITN2778001) on 22nd April 2019.

Section 2. How Affected

3. My brother, Seamus Charles Conway (born on GRO-C 1973), was infected with the Hepatitis C Virus (HCV) from contaminated blood products. He died from liver cancer on 28th May 2018, aged 45.

4. Seamus (Shea) had severe Haemophilia A. He was treated with Cryoprecipitate at first and then Factor VIII (FVIII) concentrate under the care of the Belfast Haemophilia Centre.
5. Shea was not aware that he had liver cirrhosis and liver cancer until six months before his death.

Section 3. Other Infections.

6. I refer to my First Statement.

Section 4. Consent.

7. I refer to my First Statement.

Section 5. Impact

8. I refer to my First Statement detailing the devastating impact being infected with HCV had on Seamus and our family. My First Statement also includes details of the lack of provision in monitoring and treatment of Shea and the attitude and behaviour of the medical professionals with responsibility for his care.
9. This Second Statement responds to Dr Roger McCorry's Statement given to the Inquiry (Witness Number WITN3320001) on 16th October 2019.
10. Whilst I have read Dr McCorry's extensive list of qualifications, expert skills and expertise in the treatment, health and wellbeing of alcohol related liver diseases (an altogether very impressive read), I would have been reassured that Seamus was in the best hands and correct specialist care, had Shea had an alcohol related liver cancer. In light of the fact that Seamus was infected with blood contaminated with FVIII for the treatment of his haemophilia as a young child just 10/11yrs old, I can at first hand reassure Dr McCorry that Seamus *did not drink*

alcohol at that time. Also and in relation to references made in Seamus's medical notes to worries over liver disease at the young age of 14/15yrs, I can again first hand reassure Dr McCorry that Seamus *did not drink alcohol* then either.

11. I am now more concerned than ever that Seamus was sign posted to the wrong skill set in Dr McCorry. In reading his impressive professional resume, I see no reference to any specialty Dr McCorry has in the treatment of hepatitis liver cancers. I am troubled by the fact that Seamus was not only under the care of the wrong consultant but that he did not get the opportunity to have the widely available and very successful HCV treatment (in Dr McDougall's words "a cure") he was entitled to. It is devastating to us as a family that even at the unfortunate late stage (thanks to the deliberate neglect of Gary Benson) of Seamus's HCV liver disease and terminal hepatoma cancer diagnosis (identified by Shea's GP and not Gary Benson), the advancement of the cancer might have been slowed down and Seamus's life might have been extended had we been made aware of the availability of the treatment sooner.
12. Maybe Dr McCorry misread my Statement but I did not allege that he told Seamus that his liver cancer was has a result of *alcohol consumption*. I said he told Seamus that his cancer was as a result of his *lifestyle*.
13. I absolutely refute Dr McCorry's insistence that Seamus abused alcohol. Dr McCorry seems very fixated in referencing the word 'alcohol'. I have counted the use of the word 21 times in his Statement and further references to 'alcohol misuse'. There is very little to no mention of infected blood or hepatitis. This only reinforces my belief that Seamus was not under the correct care. I personally believe that Seamus would still be alive today if he was an alcoholic because I believe he would have got the treatment those infected with HCV through infected blood do *not* get. Unfortunately if you have been contaminated with infected blood you are ignored and left to die.

14. Dr McCorry seems to mistakenly believe that Gary Benson referred Seamus to the liver unit. He did not. Seamus went to his GP in October 2017 complaining of stomach pains and the GP was so worried, he immediately referred Seamus for a fibroscan. Gary Benson had no proactive involvement in looking to resolve Shea's health issues notwithstanding my belief that Gary Benson knew or suspected for a very long time that Seamus had liver cirrhosis and was in danger of developing liver cancer.
15. I refer to the medical chronology at the end of my First Statement. Dr Benson had multiple opportunities to identify that Shea's health was in trouble and chose to do nothing about it. Dr Benson has manufactured reports of alcohol misuse and poor appointment attendances in Shea's records and in letters (not all of which reached their named recipient) in order to cover his own tardiness and neglect.
16. In telling Shea that Shea was himself to blame for developing liver cancer because of his 'lifestyle' choices, Dr McCorry did my brother a terrible disservice, particularly when it is clear to me from his Statement that he is merely regurgitating the very misleading information provided by Dr Benson. Why too is Dr McDougall referencing alcohol in relation to Seamus? Shea was only known to the liver service from in or around October 2017. It is like the 'ten green bottles' or 'how many bottles of beer on the wall'. The liver unit doctors would have been better to have looked into the details of Seamus's HCV infection rather than trying to collude in the cover up and paint Seamus as an alcoholic. Dr McDougall and Dr Cash tell lies as witnessed by me first hand when having dealings with my older brother, Eddie.
17. It is astonishing to me that Seamus was not previously known to the RVH liver unit considering he had HCV for the best part of 40 years from infected blood. Shea had a scan in November 2008 and then abandoned for 9 years. Dr McDougall told me in May 2019 that the national standard for haemophiliacs

infected with HCV through contaminated blood is to undertake an ultrasound and/or fibroscan every six months. Why didn't Dr McCorry, Dr Cash, Dr McDougall and most especially Gary Benson demand that happen? Referring to the shared experiences of other haemophiliacs in our area to include members of my own family, the dangerous practice of failing to undertake these scans is allowed to continue today. Innocent people are dying and it needs to be addressed urgently. I believe that these four doctors are personally responsible for the neglect and premature death of my brother and many more HCV infected haemophiliacs.

18. When Dr McCorry told Seamus his life was going to end, Seamus was only then provided with information about healthy nutritional diet. He took that information on board in order to try to prolong his life but it was too late. Dr McCorry would have been a good contact to have helped with this knowledge but sure he never knew Seamus.

19. I am at a loss as to understand why, in any event, abnormal blood results from the haemophilia clinics are not acted upon. Instead haemophiliacs are given false reassurances. To quote Gary Benson (paragraph 34 of my First Statement) *"not to worry we see everything in the bloods"*.

20. Referring to paragraph 34 of Dr McCorry's Statement, I would ask why when Shea did not turn up to his appointment on 21st March 2018 no-one made a call to check on him (particularly so given the 'great support' Dr McCorry says the RVH liver unit provided). The reason Seamus didn't attend that appointment was because he had become weak and had taken to his bed in a bid to try and fix himself. A supportive call would have been very welcome at that time.

21. Referring to paragraph 42 of Dr McCorry's Statement, I made seven attempts to the phone number on the business card given to Seamus by Dr McCorry on the night in question. When Dr McCorry gave Shea the card he had told him that he

was contactable day or night. I have a copy of my O2 phone statement which provides a record of the voicemail message I left after the first six aborted attempts where he didn't pick up. My O2 phone statement shows connected incoming and outgoing calls. I remember showing my brother, John, and my sister, Paula, my phone and I had made seven attempts in total. They too made several attempts on their own phones.

22. Dr McCorry is correct at paragraph 43 that Seamus's untimely death was devastating to us as a family and, I would add, particularly so because Shea was contaminated with HCV as a young child. People die from cancer every day and families are plunged into grief. For the most part those families take comfort that everything that could have been done was done to save the life of their loved one. Our devastation is made even worse because we believe Seamus was robbed of the chance to fight for his life by his haemophilia doctor not reporting abnormal bloods and leaving it too late for life saving treatments.

Section 6. Treatment/Care/Support

23. I refer to my First Statement.

Section 7. Financial Assistance

24. I refer to my First Statement.

Section 8. Other Issues

Conclusion/Final Thoughts

25. Looking back now at Seamus and with the evidence of all the people infected with HCV who gave evidence to the Infected Blood Inquiry, it is clear that depression is a well known association/symptom of HCV. That one piece of

information has really affected our family. We knew Seamus suffered from really low moods and we put it down to the limitations of his haemophilia. We are so saddened that he was dealing with so much more than that. Because of haemophilia Shea was injected with contaminated blood as a boy. We were then assured that the HCV he was infected with would not affect him, yet from time to time Seamus would lock himself away from the world because he couldn't cope, especially so after the death of our parents who were his biggest support. The angering thing is that we, his family, would not have known to look for symptoms like depression but his doctors did know and did not help or support him. There is reference in Shea's medical records to a meeting with Dr Benson wherein Shea tried to speak about his feelings (and that would not have been easy for him to do). He was sent away with the message that there was nothing Dr Benson could do that Shea could not do for himself. It was one of many cries for help to the caring (or not so caring) profession.

Anonymity, disclosure and redaction

26. I am not seeking anonymity and I understand that this Statement will be published and disclosed as part of the Inquiry. I would like to give oral evidence to the Inquiry.

Statement of Truth

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

Signed...

GRO-C

Dated...

6th Feb 2020.