

Witness Name: Dr David McKee
Statement No.: WITN4471001
Exhibits: none
Dated: 11/06/2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DAVID MCKEE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 May 2020.

I, Dr McKee, will say as follows: -

Section 1: Introduction

1. My name is David Hugh McKee, date of birth GRO-C 1969. My address is GRO-C
GRO-C
2. My professional qualifications are BSc(Hons), MB, BS, FRCPE. I am employed as Consultant Neurologist at Salford Royal Hospitals NHS Foundation Trust and also visit Manchester Royal Infirmary, working in the same capacity. I have been working in these roles since January 2005. My responsibilities on both sites involve the clinical assessment and treatment of neurological disorders in both outpatients and hospital inpatients. I have additional roles in management, teaching and research.
3. I am the Regional Speciality advisor for the Royal College of Physicians, and sit on the Services Committee of the Association of British Neurologists, but I am not a member of any professional associations, groups or working parties which are directly relevant to the terms of reference of this enquiry.

Section 2: Responses to criticism of W3029

4. I have been asked to comment on the statement that 'you and your staff came to his wife's bedside and whilst she was present, told witness W3029 words to the effect

that the time had come for them to let him know that she was suffering from CJD, albeit they would have to carry out a lumbar puncture to determine this'.

I can confirm that this statement is true.

I remember this lady's tragic case very well. I had initially assessed her at Manchester Royal Infirmary and, because it was clear that she was suffering from a serious neurological condition, arranged for her to be transferred to our Acute Neurology Unit at SRFT for further investigation. My initial impression was that this was likely to be CJD, but this diagnosis requires confirmation with appropriate investigations (including a lumbar puncture to look for specific abnormalities in the spinal fluid).

From my recollection, the patient's husband and family were understandably keen to find out the diagnosis as soon as possible. From the doctor's point of view, there is always balance to be struck between discussing potential diagnoses as soon as possible, and holding off until some more evidence to back up the initial clinical suspicion becomes available. This is particularly important in a condition like CJD, which is rare, untreatable and fatal, but can be mimicked by a number of rare (and in some cases potentially treatable) conditions which are therefore very important to rule out.

In this patient's case, her condition was deteriorating very rapidly indeed. This is not uncommon with CJD. Because of this, when asked directly on my ward round by the patient's husband, I considered it reasonable to discuss the presumed diagnosis before further evidence became available from the lumbar puncture, something which was likely to take several more days at least. This discussion took place by the patient's bedside in her hospital room. Since admission to hospital her neurological condition had been deteriorating and following transfer to our unit she had rapidly become obtunded, a state in which she would not have been able to take in any information about investigations, diagnosis or prognosis. However, during the discussion with her husband about the presumed diagnosis her conscious level rapidly improved to a degree to which she could understand and ask questions about the condition, which I then answered for her straightforwardly and honestly.

In the following days her condition continued to deteriorate rapidly and she died on our ward not long afterwards. The diagnosis was subsequently confirmed as CJD.

I have been asked if I would like to access the patient's medical records, and to let the inquiry know this so that the patient's husband may be informed. I do think this is

important, to confirm my recollections from many years ago are correct. We have an efficient electronic records system at SRFT which I can review in detail. There will also be paper inpatient notes at Manchester Royal Infirmary but I do not consider it necessary to review these in order to provide the above statement.

Section 3: Other Issues

1. [If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here]

Statement of Truth

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

GRO-C

Signed _____

Dated _____ 11/06/2020 _____