

Witness Name: Dr Adrian Hamlyn

Statement No.: WITN4561001

Exhibits: None

Dated: 06 August 2020

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF DR ADRIAN HAMLYN

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 29th May 2020.

I, Dr Adrian Hamlyn, will say as follows: -

#### **Section 1: Introduction**

1. My name is Adrian Noel Hamlyn, date of birth [GRO-C] 1944. My qualifications are BSc (Hons, London), MBBS (Hons, London), FRCP (UK), Fellow of the European Board of Hepatology. I live at [GRO-C] West Midlands [GRO-C] [GRO-C] I trained in specialist units in England and Germany, contributed peer-reviewed scientific papers to medical journals and was an active member of the British Society of Gastroenterology and the European Association for the Study of the Liver. I was appointed Consultant Physician to the Dudley Group of Hospitals in 1980 and served as specialist gastroenterologist there until my retirement in 2009. My responsibilities there were for the diagnosis and care of patients with gastrointestinal and liver complaints.

#### **Section 2: Responses to criticism of W2041**

2. The witness says that he saw me following a referral in outpatients at the Corbett Hospital, Stourbridge in 2000. This was 20 years ago and I have little, if any recollection of this event or access to any contemporaneous records (I have

requested the medical notes but have been notified of their destruction by the hospital). I have therefore tried to answer the criticisms by reference to my normal practice at the time:

- a. *Paragraph 22*: The witness states that I told him that his 1998 HCV antibody test result was positive. If such were the case, I would have informed him of this. It is likely that the referral letter from Dr GRO-D his haematologist, contained this information which, of course, I would confirm with him.
- b. I would then have discussed the need for a blood test to ascertain viral load and genotype, as these would be relevant to treatment planning. A liver biopsy was then the means of ruling out cirrhosis (then a significant bar to successful treatment). A liver biopsy would not have been a good test for viral load, but in any case, in the presence of a coagulation disorder would be hazardous; I would have been reluctant to proceed with one.
- c. *Paragraph 24*: at our second meeting on 1 September 2000 the witness states that he had been tested at the Queen Elizabeth Hospital, Birmingham. I would have gathered from this that he was under the care of the Liver Unit there. I would be happy with this and that if liver biopsy were planned, then it would be under the cover of appropriate coagulation factor cover. As he had isolated factor X deficiency, I agree that factor VIII infusion would be irrelevant.
- d. I am sorry if the witness felt I was being unsympathetic. A significant portion of my practice was dealing with chronic hepatitis B and C incurred by past exposure to infected blood products and dating from a time when, perhaps, risks were uncertain and the pathogen unknown. Such individuals were always anxious and aggrieved. They also often qualified as what we would term expert patients. I always did my best to reassure and sympathise with their predicament and to offer such individuals the fullest information as to their treatments and prospects. I am not aware of the witness making a formal complaint of our encounter at that time. I do, of course, apologise for any misunderstandings, however inadvertent.

### **Section 3: Other Issues**

3. *Imaging delay*. These discussions took place in the framework of a designated hepatitis clinic, staffed by me, two specialist nurses and a medical trainee of senior

house officer or registrar status. I had thus become aware of the pressure of an increasing burden of liver disease in our community on diagnostic services, particularly that of liver ultrasound. Shortly after our meeting I underwent training in outpatient ultrasonography myself (then unusual for front-line clinicians) and was able subsequently to reduce the imaging delay to which he refers. I am pleased that the treatment in Birmingham had an ultimately happy outcome for the witness.

**Statement of Truth**

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

Signed A N Hamlyn

Dated 6/8/2020

**GRO-C**