Witness Name: **Zhanae GRO-B**

Statement No. **WITN3991001**

Exhibits: **WITN3991002 – WITN3991005**

Dated: **24th / January / 2020**

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF

ZHANAE GRO-B

I provide this witness statement in response to a request under Rule 9 of the Inquiry Rules, 2006 dated 22nd January, 2020.

I, Zhanae GRO-B, will say as follows:

1. I am one of the three daughters of GRO-B (GRO-B, 1972 to GRO-B GRO-B 2019) and GRO-B (born: GRO-B, 1977). I was the youngest child of this relationship, my elder sisters being GRO-B GRO-B (born: GRO-B, 1994) and GRO-B (born: GRO-B, 1997). My father also had one child with GRO-B, being GRO-B (born: GRO-B 1992)

2. GRO-C and I are all carriers of haemophilia – it is a genetic condition, and GRO-C were born with it, it having been genetically passed on to GRO-C through my father. My father had been born with severe haemophilia whereas there was no known history of any form of blood disorder on my mothers' side of our family.

3. I am one member of a much larger family. My paternal grandparents, GRO-B and GRO-B came from GRO-B. They met, formed a relationship, and had three children, my aunts GRO-B and GRO-B and my uncle GRO-B. All of these relations were born in GRO-B. My grandfather came to the UK in the mid-1960's and settled in GRO-B. My grandmother joined him less than a year later. Both had come here to work. They settled here, worked here and were married here establishing their family home in GRO-B.

4. They then had four further children, my aunts GRO-B and GRO-B, my uncle GRO-B and finally my father GRO-B who was their youngest. At some time before I was born, GRO-B came over from the GRO-B and the family were reunited.

5. Unbeknown to any of them, my grandmother GRO-B was a carrier of haemophilia. There was no blood disorder history on my grandfathers' side of the family, but my grandmother didn't know she was 'a carrier' until after her children had been born.

6. The ailment does not appear to have been passed on to GRO-B, but GRO-B and GRO-B had been as haemophilia carriers and GRO-B and my father GRO-B were all born with severe haemophilia. You have heard that GRO-C GRO-C and I were then born as carriers of the condition, but other family members were also found to have the condition – one of GRO-C's children GRO-B has severe haemophilia GRO-B has a son with severe haemophilia GRO-B and a daughter GRO-B who was also born as a carrier.

7. As someone who was born into a family with such a history of haemophilia, I grew up with it all around me, but in my earliest years was blissfully unaware of what it was, how it impacted upon us all – in particular with my dad and his brothers, or what could or was being done about it.

8. My parents separated when I was very young, and I began living with my mother for the majority of the time, and spending less time with my dad, but as time progressed this changed, and I spent less and less time with her, and more and more time with him, to a point where in my teenage years I was living with my father and rarely seeing my mother at all. Eventually I became a full-time carer for my dad as is health issues progressively worsened, all baring the times when I was either out of the house attending school or subsequently at college.

9. I think that I was aged about six years when I first began to become aware of my father's condition. I could see that he wasn't like the fathers of other children I knew and saw at school or elsewhere – he didn't appear to engage with his children in the same way and didn't do what some of the other parents did. I didn't appreciate it at that age, but he was different because he had haemophilia and as a severe haemophiliac couldn't safely do what other people did, or he'd suffer a bleed.

10. By the age of about eight, I was noticing him treating himself, at home. I can recall him careful wrapping up items he had used whilst injecting himself, to carefully dispose of them so they would pose no threat to us or anyone else. On occasions he would let me help him, and I did, but I didn't understand the full extent of his haemophilia and its implications.

11. I saw, and knew that he injected himself, but quite often he did this whilst I had been at school, or when I'd been with my mother, so I had no idea of the extent of his use of what I now know to have been Factor VIII or how it may have been helping him. I was primarily living with my mother until I was about ten years old, from which point onwards, things began to change on that front.

12. Living with my dad meant that my knowledge of haemophilia grew and I became far more aware of the condition and its treatment which, at that time, was only by way of injections of Factor VIII. I would ask questions of him, often lots of questions, some of which he would answer, others he didn't. I believe that his having decline to answer my questions was to protect me from learning the full extent of his health issues and what the future may have held for him – and by consequence thereof, for me.

13. He told me that he had a problem with clotting and that if he were to cut himself, he couldn't stop bleeding. He told me that the material he was injecting himself with [Factor VIII] was designed to help him stop the bleeding, so he needed to take it when necessary – I then understood why he had been unable to play games with me when I had been younger, he couldn't afford to run the risk of injury, as even the most innocuous of bumps could have resulted in his suffering a major bleed, particularly where a joint was involved.

14. My father used Factor VIII which he took intravenously. Over the years I saw him using it, I noticed that it had come from different suppliers, but I cannot remember who they may have been. He would either have to go to the hospital where his haemophilia treatment was conducted, and collect a batch of Factor VIII (which he could then keep and use at home), or they would deliver it to us.

15. My father was treated through the Haemophilia Centre at the Queens Medical Centre, Nottingham as were his two brothers GRO-B and GRO-B together with GRO-B, my cousins.

16. At no time did my father treat his haemophilia as being a particular problem. He simply saw it as something he had been born with, something he could to a certain extent treat himself (using Factor VIII), and a condition he just had to accept in order to get on with life. As a result of his attitude towards it, I grew up thinking the same, it was 'just one of those things,' something which affected him, his brothers and my cousins, but which they dealt with – I never saw it as a major issue, and in certain respects didn't consider it as a sickness, I was 'normal' in my house.

17. Having said that my father was treated through the Queens Medical Centre, I also know that he had been treated at another haemophilia centre, one attached to a school he had attended as a teenager. My father had been a pupil of the Lord Mayor Treloar College in Hampshire. I don't know much about this, as he was reluctant to talk to me about it, but I know that it was a boarding school for children with particular illnesses, disabilities or other medical conditions to which he had been sent because of his haemophilia. Neither of his brothers went there, just him.

18. I do not know it for a fact myself, but have been told by family members including my grandmother GRO-B, that she had wanted both him and my uncle GRO-B to go to this school, but the local authority would only pay for one, and that was GRO-B.

19. My father was reluctant to talk to me about his haemophilia and / or any other ailment he may have had as a result of it or of its treatment. He was just as reticent to speak of 'Treloars,' as he referred to it. When he did, it was often in response to something we had seen on the television or heard of on the radio, in the news, which 'sparked' memories and caused him to remark on certain aspects of his health, care or schooling at Treloars.

20. I can distinctly recall that on an occasion when I was aged about thirteen, we had been watching television together and a programme was on in which Hepatitis C (often referred to as 'Hep C' or HcV) was being discussed. His behaviour immediately changed, he stiffened in his seat and appeared to be getting increasingly more and more agitated.

21. I asked him what the matter was, and he told me that he too had HcV. I tried to engage him in further conversation about it, what it was, how had he got it, what did it mean for him, could it be treated and so on, but he didn't want to engage in any further conversation about it with me. He was a very private person who kept his health issues, in particular, to himself. If we hadn't seen that television programme, and if I hadn't noticed the change in his demeanour and asked, he would not have told me that he had HcV at that time.

22. I can remember of more recent times when a television programme we were watching included some mention of the Infected Blood Inquiry. My father spoke to me about it and told me that he had been given tainted blood that had come from prison inmates, commenting upon the t.v. programme, but when I tried to delve into this further, he again refused to speak to me any further about it.

23. I don't remember why I did this, but I can remember having asked him about his time at Treloars and why it was that he didn't meet up with any of his former school friends. I knew that he had been there, and knew that for a while afterwards he had continued to live nearby (before returning to GRO-B).

24. My father appeared visibly upset by my questions, and told me that they (referring to his school friends) were all dead. There were occasions when he would mention former schoolmates, both haemophiliacs who had been sent there, like him, and other non-haemophiliac children including a girl who had been wheelchair-bound. However, whereas he would occasionally mention them, he never went into any detail about them with me – they were dead and he found it very uncomfortable talking about them.

25. I cannot help but think that due to the way he spoke of them, how he spoke to me about them, and how it saddened him that he felt some sense of guilt – remorse for the fact that he continued to live whilst all of his school friends had passed on. He felt sad, and very lonely.

26. I know that my father tried very hard to rid himself of HcV. He tried a course of Interferon treatment, but it wasn't successful and he suffered badly from its side effects. Sometime later he commenced a course of Interferon combined with Ribavirin, which again had bad side effects, but which apparently worked and in January 2018 I believe that tests revealed he no longer had Hep C, but he had by then suffered from it for so long that it had caused other health issues which together with the impact of the drugs he used to treat it had left a legacy of progressive ill health leading to his eventual death in 2019.

27. Until 2015, placing his haemophilia and HcV aside, the only health issue I knew my father had was that he had a deformed right knee and a damaged left ankle – both the result of continual haemophilia 'bleeds' into these joints from birth. From the age of seven or eight I know that he had had to wear a calliper because of bleeding and resultant swelling to his right knee but I cannot remember him ever having worn one as I was growing up.

28. This leg issue had caused him such a problem that Queens Medical Centre approached him to explore the possibility of his being given a replacement knee joint, for which he had been referred.

29. In June 2015, my father and I travelled abroad on holiday. During our vacation I noticed that his behaviour was markedly different to usual, and that he was often touching or holding his chest and appeared to be wincing with discomfort each time he did so. I questioned if he was okay, but he would dismiss me with a curt response to 'mind my own business,' and advice to 'enjoy your holiday.'

30. Having returned home, he told me that he actually wasn't very well, and I told him that 'I knew it!' He then let me know that in April (2015) he had gone to 'Queens' with regard to his knee, hoping to have the operation, but that he had needed some pre-operative tests. My father then told me that his tests had revealed a serious heart condition as a result of which they were unable to operate. He had then been placed under the care of the haematology department.

31. I think that they would have needed to see a marked improvement with his heart condition before they would even consider conducting surgery on him. The doctor he saw also advised him to 'quit smoking,' something he had done for as long as I could remember.

32. So by now my father was being treated through the haemophilia centre, orthopaedic department, cardiology department and possibly also the virology department (regarding HcV) of the Queens Medical Centre.

33. Between 2015 and 2018, my dad's health worsened and I would be looking after him whenever it was possible for me to do so. It meant that across my teenage years, I couldn't and didn't have much of a social life, and didn't make many friendships as other young girls of my age were. I would see him before I went to school, got home to look after him again, went to bed then repeated it again the next day.

34. At the weekends I was more often than not, with him all of the time. I felt an obligation to do this, he was my father, I loved him and would have done anything to help. I 'grew-up' before my time as I had to be 'adult' about things, and lost my childhood as a result.

35. Dad frequently needed to go to the hospital, either to the haemophilia centre clinic or through Accident & Emergency as his heart condition worsened. I would always try to accompany him or join him there. He developed circulation issues, breathing problems and suffered pressure through his heart and in his head, often becoming bradycardic or experiencing dysrhythmia. I can remember him commenting on more than one occasion that at times it felt that 'someone was standing on his chest' or 'squeezing his head.'

36. As time went on and his condition appeared to be worsening with each hospital visit, our relationship with Queens became at times, somewhat strained. On occasions it became difficult for him to be seen at the hospital, despite his condition(s). He would have a problem with his chest, call for an ambulance, and be told that they were 'on their way,' but they would then not arrive and we would have to make our own way there. We had called for an ambulance on a number of occasions, and I believe that to a certain extent when we called, because of our past use of the system, albeit all legitimate calls for help, we were either ignored or put to the back of the queue.

37. On some occasions, once at the hospital an ECG would be taken, and we would then be placed in a waiting room to await the result of its inspection by a doctor – often for many hours at a time. Additionally, he would present himself in A&E with severe chest pain, only for his condition to be dismissed as mere 'anxiety.'

38. He rarely got to see the same doctor twice, despite the number of times he attended the emergency department and it was hard for us to ensure that he was being given the care and treatment that his circumstances required.

39. As I have said, my father was a very private person who tried to keep his problems to himself. He never liked to show any outward emotions, but it gradually became apparent to me and other family members that the treatment he was receiving was upsetting him, and at times upsetting him to the point of tears.

40. Having said this, I must say that my father had nothing but praise for his cardiologist, a Dr Tim ROBINSON (Queens Medical Centre) whom he found humorous in his approach and easy to speak with but above all, someone who my dad felt actually listened to him and appreciated what he was going through.

41. I do not know what the actual issue was with my fathers' heart, but understand that his cardiac condition was such that its function was diminishing and it wasn't pumping as it should, quite possibly with only half of it operating correctly as the condition worsened.

42. My father and I were due to travel on holiday to the USA in June, 2019. We were going to drive to Gatwick Airport then fly to Florida and then drive on to GRO-B where he had hired a villa. By now he was taking seven different tablets a day and had Factor VIII available to him should it be necessary.

43. Two weeks before we left, he had attended an appointment with an optometrist at Queens, seeking to address a situation where he found that his eyes were sitting forward of where they would normally have been and had been swelling outwards, 'bulging,' but the optometrist was unsure of what the problem may be and let my dad go – he wasn't admitted for any further inspection or observation.

44. On 20th June we drove to the airport from home. Dad drove us there and had made sure that he had taken sufficient medication, including his Factor VIII with us for the three weeks over which we were going to be away.

45. On our way to the airport I could see that he was unwell – he appeared pale, his skin 'clammy,' and he was making grimacing facial expressions suggesting that he was in pain. I offered to drive for him, but he refused as he didn't want me to have had to drive his car (a large GRO-B) which I had little or no experience of.

46. Arriving at Gatwick, he still appeared to be in pain, but didn't once complain to me or anyone else and didn't seek any help at the airport, either prior to checking in or once 'airside' waiting to board. I think this may have been because had he done so, we would have lost our holiday together.

47. I was most concerned and asked him how he was more than once, but each time he would try to distract me by taking us off into the duty free, suggesting another shop to look in or trying on sunglasses.

48. Once on the aircraft and in flight, his condition appeared to improve, and he relaxed a little, so although concerned, I too began to relax. However, a couple of hours before we were due to land he appeared to take a turn for the worst and started experiencing breathing difficulties again. To alleviate this, he stood up and walked off, telling me that he would return in five minutes but over half an hour passed and I worried as to where he had gone and how he was feeling.

49. I got up to go and find him, and located him sitting in a quiet section towards the rear of the plane. He saw me coming and smiled at me, telling me that he hadn't wanted to disrupt me from the in-flight film I had been watching by coming back, so instead he had asked a hostess to place him in a quiet area where he could relax alone, which she had done. He seemed to be a lot better, told me that he was feeling a lot better, and after about half an hour came back to sit beside me.

50. We both travelled on to GRO-B without incident and arrived at our villa, somewhere nice and peaceful in a slightly isolated area where we would have been able to chill out together without interruption. Shortly after we had arrived he began to feel unwell again.

51. My dad always had a healthy appetite, loved cooking and enjoyed his food. I knew that he wasn't feeling well again as once I mentioned dinner to him, he told me that he 'wasn't ready' for dinner at that time – something that was out of character for him as regards eating, but a phrase he used in the past to tell me that he wasn't feeling well without actually saying so. I knew that something was wrong.

52. He was then unwell on each day of our holiday. He didn't really want to eat, had no appetite and could do little or no physical activity. He experienced frequent chest pains and again looked pale and appeared clammy. These were some of the symptoms which had often resulted in our having to go to A&E at the Queens Medical Centre, but we stayed in the villa and tried to cope with his condition as well as we could. He wouldn't seek medical assistance.

53. On 24th June, just a few days after we had arrived, I was in the bathroom at the villa when I heard my father call out my name. I left the bathroom and walked into the lounge where I found him sitting on a sofa and having a seizure. Briefly, faced with this new situation – he had never experienced any form of fit in front of me before – my mind sent blank and I simply didn't know what to do, and all I could think was 'Oh my God!'

54. I had seen people having seizures or fits before this, in particular my cousin GRO-B who amongst other health issues suffers from epilepsy, but this was not an epileptic episode and I knew that. My father often had 'ticks' which he performed whenever he was in discomfort – he used to brush his head back and forth with both hands, appearing as if he had bugs and was trying to sweep them out and he had a habit of wiping his hands over his chest each time he had chest pains.

55. I saw that my father was performing both of these 'ticks,' but not as he had done so before as he was now doing it far more aggressively and in a much greater state of agitation. He had also clearly bitten his tongue and had begun bleeding as a result which would require Factor VIII once the seizure had passed.

56. Looking at him as this was happening, I quickly realised that he was a danger to himself where he was and the position he was in, and that I would need to lift him up and lay him down – I tried, and failed a couple of times to lift him, but then managed to do it, and lay him down on the floor. Here I forced my fist into his mouth, to keep it and his airway open and especially as this would have lessened the likelihood of him biting into his tongue or cheeks – and again requiring Factor VIII treatment.

57. I wasn't sure if he had been breathing or not, but as I picked him up and then lay him down he didn't appear to be, but then all of a sudden he took in a huge gasp of air and appeared to be breathing but almost as soon as he had, he stopped.

58. I called 999 and spoke to the operator, who said that an ambulance was on its way. I could see that my Dad's arm appeared to be 'twitching' and told the ambulance operator this. I was advised to start CPR once this had stopped. I then started performing CPR. An ambulance crew arrived within five minutes and they used a defibrillator on him, as he had apparently stopped breathing, but it didn't appear to work and they told me that he was dead.

59. All the same, they put him into the ambulance and took him to hospital where they managed to resuscitate him. Whilst this had been happening, I had called home to the UK, to tell my family that he had passed away and to try and get some help – I needed someone to come out to Florida.

60. I went to the hospital and found that he had been resuscitated, and that he was going to be transferred to another hospital, which he was and where he was placed onto a life support machine. This kept him alive for another ten days, during which time help arrived from the UK, but on GRO-B 2019 he died.

61. I was asked, in America, if I had wanted an autopsy to be performed on my father's body, but told them that I did not – I believed that he had suffered enough over his life and didn't want anything else done to him, it wouldn't have helped, it couldn't have brought him back, in my eyes it served no purpose.

62. His repatriation to the UK was undertaken through our travel insurance providers, and once back home my grandmother made all of the funeral arrangements. She had to pay, as I couldn't GRO-C but as later reimbursed, once probate had been settled, from his estate.

63. A death certificate was issued through the GRO-B Coroners' Office. This recorded his cause of death as having been Ventricular Fibrillation Arrest and Chronic Cystic Heart Failure, in other words a heart attack. I do not believe that this adequately reflects what actually killed him – it may well have been that he suffered a catastrophic heart attack from which there was no realistic prospect of his recovery, so in that respect the certificate is correct, but it should also have shown how he had succumbed to heart disease.

64. This I believe is as a direct result of his having had, and been treated for, Hepatitis C, a viral disease he contracted as a direct result of having been treated with blood products that had become contaminated, something which should have been recorded on his death certificate, but hadn't been. I now know that my aunt GRO-B is currently pursuing this matter through the coroners' office concerned.

65. I am only just twenty years of age. Losing my father in such a manner and at such an age has had an immense emotional impact upon me – we were very close, I was effectively his sole carer, and he was the person I loved, looked up to, and spent most of my teenage years with (to the detriment of my own development in terms of my schooling and social activities).

66. I have never come to terms with his loss. I have felt that there has been a lack of support for me, both earlier as a teenage carer, and now as regards the bereavement I have suffered. No one has ever offered any effective coping strategies or help and it has left me in a poor position. I find it difficult to know who to go to. The doctors told me that I was missing a lot of school and told me to get on with what I was doing, but this was really hard with my Dad as he was.

67. Some days I struggle even to get out of bed, I don't eat properly and experience disrupted sleep patterns. I missed a lot of my schooling, but managed to secure a university course to study accounting and finance, but have now missed a lot of that too – I simply cannot find the drive to get up and go to college. I know that my dad would have encouraged me to go, and initially I did, but I now feel less motivated and actually find having to leave the house difficult.

68. I do not think that I have yet adequately addressed his death, mourned his passing, and am coming to accept that I am suffering from depression.

69. I know only too well that my father never wanted me to come home and find him dead, and he actively sought to ensure that as his heart condition worsened that would not happen. It is ironic that under the circumstances, I was the one who found him, and it saddens me that things happened this way.

70. Should he have felt unwell whilst I was away from the house, at school or in university, he wouldn't wait there just in case something happened – he would go to his mothers' house and wait until I had come home. He'd then tell me that he'd called in to see my grandmother, but in reality he hadn't wanted to wait for me at home in case something untoward should occur.

71. In terms of finance, I am not wealthy, and in light of my university course can only work on two days of the week to generate an income. But dad had always instilled in me the need to work and be financially self-sufficient, so I have savings and use them and my modest income (I work as a retail assistance) to pay the mortgage on my home.

72. My parents owned the house I live in, and when they separated they shared the mortgage payments in order to keep the house. Since he died, I have taken on his share of the payments, but my parents separated when I was young and I have been estranged from my mother for some time, GRO-C GRO-C

73. Whatever my personal circumstances may be, I have never sought help, do not want to rely upon other people, be that emotionally or financially, but in terms of finance have received no 'help' other than that offered through my student maintenance loan.

74. I have a number of documents which I feel may assist the Infected Blood Inquiry in understanding what happened with my father. These I will now produce as exhibits, as follows:-

75. **WITN3991002** - An extract from the patient record for GRO-B GRO-B (sourced from the National Haemophilia Database) which shows him as having been treated for haemophilia at both the Nottingham Haemophilia Centre (i.e. The Queens Medical Centre) and through a Hampshire Comprehensive Care Centre (which I believe to be the haemophilia centre that was an integral part of the Lord Mayor Treloar College which he attended). This exhibit also shows that my father was deficient in producing Factor VIII (a mere 1%), and had been categorised as being a Severe Haemophiliac.

76. The record additional notes that over the course of his life, he was treated for haemophilia (bleeds) at or through these two centres, between 1977 and 2019 (inclusive) with:

ADVATE [administered at Nottingham only]
ALPHANATE [administered at Nottingham only]
CRYOPRECIPITATE [administered at Nottingham only]
FANHDI [administered at Nottingham only]
HUMANATE [administered at Nottingham only]
KRYOBULIN [administered at Nottingham only]
PROFILATE [administered at Nottingham only]
REFACTO AF [administered at Nottingham only]
REPLENATE (BPL) [administered at Nottingham only]
TRAVENOL / HYLAND / HEMOFIL FACTOR VIII [administered at the Treloar Haemophilia Centre only]
CUTTER FACTOR VIII (KOATE) [administered at both the Nottingham and Treloar Haemophilia Centres]

FACTOR VIII (BPL) [administered at both the Nottingham and Treloar Haemophilia Centres]
FACTOR VIII 8Y (BPL) [administered at both the Nottingham and Treloar Haemophilia Centres]
OXFORD FACTOR VIII [administered at both the Nottingham and Treloar Haemophilia Centres]

77. The record also notes that my dad had been tested for HIV in February 1986 and was found to be negative – I do not know whether or not he knew of this test (which appears to have been repeated four times using the same sample from the same date), whether or not he knew of the result of this test, had consented to it taking place.

78. His record is noted that as a result of his having used a particular batch of Replenate in 1995, he had been placed at risk' of having contracted vCJD (in other words this particular batch had been found, following his use of some of it, to have been contaminated with cVJD).

79. The record confirms that he had Hepatitis C and that this was believed to have come from his exposure to some plasma prior to September, 1991 (which was presumably subsequently found to have also been contaminated).It had the Genotype 1A and a liver function test had returned an abnormal result although I cannot see when this was undertaken.

80. Finally the record notes that he had been given PEGINTERFERON and RIBAVIRIN (presumably as a means of treating his HcV infection), but that it had been unsuccessful – again, I cannot see when this course of treatment had been administered, by whom or through where it may have been monitored.

81. This record is summarised showing that he had 'received factor concentrates before 1988,' had 'received blood components before 1992' and had contracted HcV. I do not know the significance of the '1988' and '1992' dates quoted.

82. **WITN3991003** - Four letters written by a Dr. T. ROBINSON (Consultant Cardiologist, Nottingham University Hospitals NHS Trust) regarding his treatment of GRO-B between 6th March 2018 and 18th March 2019 showing that he was suffering from and was being treated for / had been treated for: Non-Ischaemic Dilated Cardiomyopathy; Haemophilia / Severe Haemophilia; Treated Thyrotoxicosos; and LVOT PVC's

83. In addition to the above information, the letters show his medication and its levels, and the fact that my father had undergone an MRI scan re. heart issues he was facing and had additionally been referred on to the Ophthalmology Department. The letters mention 'chest pains' he had experienced, amongst other symptoms and in one reference the fact that his mental health appeared to be at a 'low ebb.'

84. **WITN3991004** - A medical discharge summary following his having been admitted to the Queens Medical Centre on 28th May, 2019 with an 'Unspecific Chest pain' and Gastritis. This shows that despite what are referred to as being 'Co-Morbidities' of dilated cardiomyopathy, haemophilia, IBS, Thyrotoxicosis and HcV, he was given an ECG, blood was taken for testing, and he was discharged on the same day through A&E.

85. **WITN3991005** - Three information leaflets which accompanied some of the medication he had been taking for his various medical conditions, namely Carvedilol, Spironolactone, Ramipril and Entresto. Each list side effects of these medications many of which my father experienced whilst taking them, and some of which came with medical implications for his kidney function, which he had problems with, his thyroid efficiency which again he had problems with, his breathing which became a particular issue towards the end of his life and his heart / circulatory system.

Statement Of Truth

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

Signature: GRO-C

Z. GRO-B

Dated: **24th / January / 2020**