

Witness Name: Pamela Ann Hewson

Statement No: WITN2914001

Exhibits: WITN2914002 - 005

Dated: July 2019

## INFECTED BLOOD INQUIRY

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### FIRST WRITTEN STATEMENT OF PAMELA ANN HEWSON

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I, Pamela Ann Hewson, will say as follows:-

#### Section 1. Introduction

1. My name is Pamela Ann Hewson. I was born on [GRO-C] 1945 and I live at [GRO-C] I am a widow who lives alone at the above address. I have 4 adult children.
2. I make this statement on behalf of my late husband, Jack Hewson. He was born on [GRO-C] 1941 and died on [GRO-C] 2018 as a result of Hepatitis C (Hep C).
3. My daughter, Margaret Angela Jane Russon, has also produced a statement for the Inquiry ('WITN2914001').
4. This witness statement has been prepared without the benefit of access to my late husband's full medical records. If and in so far as I have been provided with limited records the relevant entries are set out in the medical chronology at the end of this statement.

#### Section 2. How Infected

5. Jack was given a blood transfusion during/following an emergency surgery carried out at St James's University Hospital in Leeds (SJUH) on the 14

February 1982 as he had major injuries and had lost lots of blood following a stabbing incident.

6. As a result of the blood transfusion, Jack was infected with Hep C.
7. The incident happened in Leeds and I was in Middlesbrough at the time so I was not told anything about the risks associated with a blood transfusion. Jack was taken by ambulance to the hospital. He was unconscious for a few days after the operation and therefore he was also not told of any risks associated with a blood transfusion.
8. Jack was under the care of Dr Harrison in the respiratory department at the North Tees Hospital (NTH) for several years.
9. Jack had a constant chest infection and he was finding it difficult to clear. In February 2018 and after further investigation, Dr Harrison wrote a letter to Jack stating that his blood count was low and that there were problems with his white blood cells and haemoglobin and that was the reason why he was having trouble fighting the constant chest infections. Dr Harrison referred him to a Haematologist. Jack was given some antibiotics by Dr Harrison and said his blood would need to be monitored and so he continued to see him in the clinic over the next couple of months. He had blood tests and also had some liver function tests. I do recall that Dr Harrison was also concerned about all the fluid in his legs and ankles.
10. He has had a lot of infections over the years including Methicillin-resistant Staphylococcus Aureus (MRSA), which caused him a lot of anxiety.
11. Jack received an appointment letter from the Haematologist on the 16 April 2018 to be seen on the 28 June 2018. He then received a telephone call to go to the hospital on 22 May 18 for a Bone Marrow Biopsy. He attended the appointment on the same day and the following day he was asked to go back to the hospital for a blood transfusion and was later admitted. He was admitted to Ward 26 and we were told that he had a chest infection. Jack told me that there was a lot of swelling and pains in his tummy and they were getting worse. The doctors therefore carried out further investigations

including scans and bloods tests. On the 1 June 2018 I went to visit Jack at the hospital and he said that he had been told that he had Hep C. He asked me 'does that mean I have AIDS' and I explained to him that he didn't, but we didn't understand how he could have contracted the infection and certainly didn't think it was life threatening at that point.

12. We were not given adequate information to help us understand and manage the infection. We were told roughly the same time that he had cirrhosis. There was about a 3 week window between Jack finding out that he had Hep C and him dying as a result of it.

13. When I found out that Jack had Hep C and then cirrhosis the doctors said that he might survive for about 6 months and make it to Christmas. There was nothing else said about the infection. We didn't know what the consequences were. He had been under the care of the Haematologist for a number of years and I can't believe that they never picked up that he had something for all that time. He was deteriorating very quickly when he was in the hospital. We were not told about any treatment options or anything. He was in the hospital the whole time from when he was admitted in May until he passed away.

14. I believe the way Jack was told about the infection was terrible. He was told one afternoon when no one else was with him. It was just when we went to see him later that day that we found out. He was distressed and thought he had HIV. I believe that the infection was not explained to him properly. I would've liked to have been there when he was told that he had Hep C to show him some support. He was just told he had it. Particularly with his mental state (further details about his mental state are set out below) in relation to previous infections, it was quite a big thing to be told something like that without anyone with him.

15. Shortly after Jack was diagnosed I was told GRO-C  
GRO-C. I had to contact my son who lived in America as he is Jack's only biological child and

explained what had happened to Jack

GRO-C

GRO-C This all added to the stress at the time when Jack was seriously ill.

### **Section 3. Other Infections**

16. Knowing now the symptoms that Jack suffered at the time, I believe it is more than likely that he had other infections as a result of receiving contaminated blood. He was always catching various infections and was very severely ill. There were many times where we thought that he wouldn't survive, but he did.

### **Section 4. Consent**

17. Jack did not know that he was being tested for Hep C and I believe he did not give consent. I do not believe he was given adequate information at the time. The first he knew of the Hep C was when he was given the diagnosis which was long after the blood transfusion. You could argue he gave implied consent by having the blood tests, but he did not know what they were for.

18. I don't think Jack was tested for the purposes of research.

### **Section 5. Impact of the Infection**

19. Jack suffered mental effects as a result of the infection. As stated above he had a lot of infections over the years including MRSA, which caused him a lot of anxiety, because nothing was really explained to him. His mental health suffered as well. I would have liked to have been with him when he was told about the Hep C. Jack would not go out because he was always poorly. He suffered with depression and anxiety after being confined to the house so much. He did not like to be left alone for very long; he would panic and call me asking me where I was. He did not like to be a burden and rarely complained; if he said he was in pain or feeling unwell you really knew he was.

20. I do not think Jack would have been able to deal with the diagnosis very well if he had lived. He had already latched onto thinking he had AIDS and misunderstood the diagnosis. Whilst his life had been saved after the blood

transfusion in 1982 and then to think that it ultimately caused his death and all the years of suffering, it would have been difficult to deal with given his fragile mental state. He suffered with Psychotic depression and had suicidal thoughts. The stabbing incident had a massive effect on all the family at the time and since Jack was told that he had Hep C it brought up the stress again. It's been like we are living the whole thing over again.

21. Jack also suffered from the physical effects as a result of the infection. He was always so tired and sleepy and fell asleep during a conversation. He would get up in the mornings, have some breakfast and then go back to sleep on the sofa then the same after lunch and again in the evening. He was constantly cold and he always had the heating up high even when he was wearing jumpers no matter what time of year. I would walk into the house and it felt like a greenhouse. I had to warm up the car first if I had to take him out.
22. When he was admitted at the hospital in May 2018, I noticed that he had a lot of fluid in his feet and legs which felt very tight and uncomfortable. At times he was unable to wear any shoes; I would massage cream into his legs to try and ease the tightness of his skin. His abdomen was getting increasingly large despite losing his appetite and he was complaining of tummy aches. In addition to tiredness, he suffered from anaemia, constant chest infections, pancytopenia and constantly feeling the cold. He needed 24-hour oxygen. He went on to develop cirrhosis, encephalopathy, oedema, ascites and varices.
23. A post-mortem was carried out and on the GRO-C 2018. The Coroner recorded the cause of death as: (a) Cirrhosis (b) Chronic Transfusion associated Hep C concluding 'deceased died from a recognised complication of historical medical intervention (being a blood transfusion)'. A copy of the above report is exhibited at **'WITN2914002'**. The doctors always put his symptoms down to his chest problems and although he was under the care of a Haematologist at James Cook University Hospital in Middlesbrough for a number of years because of problems with his blood, we are not aware that he was ever tested for Hep C. If he had been diagnosed earlier, he may have been able to have treatment. It was also noted in the report exhibited at

'WITN2914003' that in June 2014 'a CT scan showed underlying liver cirrhosis but his liver function tests were normal and no further investigations were done'.

24. As stated above, Jack became very ill very quickly. We were told that any treatment would just be palliative and that Jack's general health would not withstand the treatment. We were asked questions by the doctors about how he might have got it but the only possibility that we could think of was the blood transfusion in 1982.
25. I believe that if there was treatment available for Hep C, it should've been made available to Jack. I believe that Jack received some sort of Albanem infusion for his liver but it didn't work.
26. Jack's infection had an impact on his private, family and social life. He missed out on a lot of family occasions because he was in and out of hospital or unwell to attend. If he did manage to travel anywhere he would be exhausted for days after. He did very little socially and had no hobbies apart from watching TV. He enjoyed having a garden but was only able to sit and give instructions on what he wanted us to do with it. It was Jack's dying wish to donate his body to science. He had asked my daughter to look into it for him which she did and sent the forms off, but when he died, I believe his body could not be donated because of the Hep C infection. He said it was his way of paying something back to the NHS for all the care he had received.
27. I was Jack's sole carer, with some help from family members. He needed help with everything to do with his care, for example washing, dressing and giving him medication. He couldn't walk more than a few steps because he had breathing difficulties. He was on 24 hour home oxygen and needed a wheelchair. We had to have a hoist fitted to the car because I was unable to lift the wheelchair or his mobility scooter. I have a back problem so found it difficult to help him.
28. Jack's mental health and depression made things very difficult. He would become anxious and agitated at the slightest thing which put a strain on our

relationship. I had cared for him since the incident in 1982. He was never able to work again; all the physical and mental health problems he suffered over the years took its toll on us. I had occasional respite when the family looked after him or when he was admitted to hospital. We missed out on lots of family events due to Jack's health and we even had to miss our grandson's wedding. In the months leading up to his death, I found things very difficult. He didn't like to be left alone for very long and he would say that he was frightened because of how he felt. I therefore stop going out unless there was somebody else to look after him; I was no longer able to go on holiday or have a social life. This had an effect on my own health causing depression and anxiety. I was devastated when I was told that Jack had a post-mortem, which was something I could not bear the thought of. I was told by the doctors that it needed to be done because of the Hep C.

29. There was a stigma attached to the Hep C at the time. Jack was distressed when he was told of his diagnosis. If he had survived, I believe that he would've found it very difficult as the stigma would've affected him as well as us as a family.
30. As previously stated, my son (who is Jack's only biological son) was living in America at the time. He was called to come to the UK to see his father when he was very poorly in hospital, but unfortunately, Jack died before my son could make it. I believe he was devastated.
31. A year after the stabbing incident, Jack had his first mental breakdown and was never able to work again after this. We had to live on benefits and eventually had to sell the house because we couldn't keep up the mortgage payments. At the time of his death, we had no savings. We did receive help with his funeral costs from the DWP. Jack was a proud man and he hated to think he could not provide for his family. He really struggled with this and the thought of people judging him caused him to have low self-esteem and depression.

## **Section 6. Treatment/care/support**

32. I believe that Jack received the care and support that the doctors thought was necessary and the treatment to keep him comfortable before he died. However, due to the short period of time in which he was diagnosed and deteriorated he wasn't given treatment to clear the Hep C.

33. We as a family were not offered any support at all. The staff at the hospital were very caring but with regard to the Hep C nothing was mentioned to us.

34. Jack was not provided with any counselling or psychological support. I was not offered it either. I believe that it would have helped had it been offered to me.

## **Section 7. Financial Assistance**

35. I do not believe that Jack received any financial assistance from any of the Trusts or Funds that were set up.

36. I have received the following payments from the EIBSS:

- i. The widows one off payment in the sum of £10,000 on 27/10/18
- ii. A discretionary one-off payment towards Jack's funeral cost in the sum of £2,575 on 15/12/18.
- iii. Monthly income top-up payments in the sum of £167 per month which started on 15/01/19 but has now increased to £451 from 01/07/19.
- iv. A winter fuel payment in the sum of £519 on 01/12/18.

37. I had to supply a lot of information and send copies of bills, benefits, death certificate, proof of identity and proof that I was living with Jack at time of his death.

38. I have not claimed or received any other payments from any other Trusts or funds that were set up. I needed help from my daughter to assist me with the



above payments otherwise I would not have known I could claim or been able to do it.

**Section 8. Other Issues**

39. I exhibit at 'WITN2914004' a report which has been produced at the request of Jen Olver, Coroner's Liaison following a request from HM Coroner for a statement, which will assist the Inquiry as I was unable to obtain Jack's medical records.

40. I also exhibit at 'WITN2914005' the witness statement of Professor Jane Metcalf to the assist the Coroner.

**Anonymity, disclosure and redaction**

41. I do not wish to remain anonymous.

42. I want 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

26-7-2019