

Witness Name: Ann Dorricott
Statement No: WITN1196006
Exhibits: WITN1196007 – WITN1196019
Dated: June 2019

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF ANN DORRICOTT

I, Ann Dorricott will say as follows:-

Section 1. Introduction

1. My name is Ann Dorricott. I am the widow of Michael Dorricott, who was known as Mike and I exhibit a photograph of him at WITN1196007. He passed away on 3 April 2015 aged 47 as a result of receiving contaminated Factor VIII product which infected him with Hepatitis C (HCV). I would like to clarify that I have worked full-time at Marks and Spencer for the last 25 years.
2. I provide this second written statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 13 June 2019.
3. This witness statement has been prepared with benefit of access to additional medical records for my late husband. If and in so far as I have been provided with limited records the relevant entries are exhibited to this statement.

Section 2. How Affected

4. Mike was infected with HCV from Factor VIII concentrate given to him during teeth extraction on 14 December 1982 and I attach a complete copy of the

letter from the surgeon confirming he should he have been given Cryoprecipitate (Cryo) during this operation which has previously been exhibited at WITN1196002.

5. Mike had a liver function test on 15 December 1982. The results were normal and he was also tested for Hepatitis B (HBsAg) and found to be negative. Ten months after the surgery on 3 October 1983 and 10 October 1983 there were more liver function tests where results were higher than the normal range for a healthy liver. He was also tested for Hepatitis A on 4 October 1983 and found to be negative. Mike then had further liver function tests on 11 April 1985 and 22 July 1985 which again show higher than normal range. I attach all these documents at exhibit WITN1196008.
6. Mike was treated at Huddersfield Royal Infirmary while he was a child and then moved to Newcastle Royal Infirmary when he went to University there aged 18. He was later treated at Addenbrooke's Hospital.
7. From his UKHCDO records, which I exhibit at WITN119609, Mike was given Cryo, then BPL Factor VIII concentrate and Armour FVIII concentrate while he was at Huddersfield Royal Infirmary. I attach a letter from Dr Barlow dated 10 January 1985 advising he wanted to delay a nose correction operation until the summer months when *'we hope to have heat treated Factor VIII available in sufficient quantity to be able to cover such an operation with far less risk of transferring AIDS'*, which I exhibit at WITN1196010. This operation was carried out on 2 September 1985.
8. When Mike moved to Newcastle he was given Cryo and DDAVP and I refer to a letter from Dr Peter Jones dated 28 November 1985 in which he states *'He is unlikely to need heat treated concentrate'* which I exhibit at WITN1196011.
9. Mike always wondered whether he was a previously untreated patient (PUP) because he was given Factor VIII concentrate at Huddersfield between 1982 and 1985, while he only required Desmopressin (DDVAP) and Cryo in 1985 and 1986 in Newcastle. When he went back to Huddersfield in 1987 he was again given Factor VIII concentrate, whereas later treatment at Newcastle in

1987 and 1988 was again DDVAP. He always said to me that because was a mild haemophilic and did not need Factor VIII concentrate at all.

10. Mike was found to be HCV positive after went to Addenbrooke's to check all was well with his haemophilia on 21 June 1996. I attach correspondence which confirms that he did not require any treatment between 1988 and his liver biopsy in 1996, along with the biopsy result and the HCV result at WITN11196012.

11. Section 3. Other Infections

12. In addition to HCV, Michael was advised that he was at risk of vCJD and I exhibit at WITN1196013. During his treatment, Michael also contracted MRSA, *C.Diff*, Cellulitis and sepsis.

Section 4. Consent

13. I do not believe that Michael was tested without his knowledge or consent after he was diagnosed with Hepatitis C.

Section 5. Impact

14. I first met Mike in 1988 when we both worked for the same company and started a relationship. In 1990, our first daughter Sarah was born and we lived in Manchester. Mike changed his job and started employment at Weetabix as a Sales Representative and then was promoted into Marketing, which led to us relocating to GRO-C.

15. In 1996, our second daughter Eleanor was born and Mike decided to get checked out at a Haemophilia Clinic as he had not been for many years. He was informed that HCV was a common virus with Haemophiliacs at that time, and therefore was tested for it. The tests results came back on 13 August 1996 and he was informed that he was infected with HCV.

16. He visited the Royal Surrey Hospital but was quickly referred to the specialist team at Addenbrooke's Hospital, where he had a liver biopsy which confirmed the HCV and that it was stage 5 cirrhosis. Mike at this stage was very shocked as stage 5 is the top end of the scale. Eleanor had just been born, so this was a very upsetting for us both. Mike had then met with Dr Graeme Alexander, a consultant Hepatologist at Addenbrooke's.
17. In 1997 Mike had changed jobs and was employed by McVitie's Biscuits as Export Marketing Manager, which resulted in relocating to Surrey. Mike's new job involved regular travel to Europe.
18. In January 1999 Mike was put on Interferon and Ribavirin to treat the HCV which consisted of injecting himself three times a week. He was on this medication for 27 weeks before it was deemed unsuccessful as it failed to treat the HCV. The symptoms of his round of Interferon and Ribavirin were uneventful. I can just remember him being very tired and flu like symptoms.
19. As a result, Mike was put on the liver transplant list in June 2000. During the wait for Mike to receive a liver, there were 3 false alarms for a donor. One false alarm happened at Eleanor's birthday party; Mike was called away from the event. In the early hours of 2 October 2000, Mike received a phone call from Addenbrooke's saying they had a liver and they were going ahead with surgery. The transplant was successful and Mike was then on immunosuppressant's. Seeing Mike in intensive care was devastating. Mike made it clear he didn't want Sarah and Eleanor to see him in that state, as he was very poorly.
20. In 2003, Mike had surgery for a blocked bile duct, but during recovery he contracted MRSA. He was very unwell and had to be quarantined affectively. In the years following the transplant, Mike attended many appointments for scans and tests, every 3 months and then every 6 months.
21. In 2007, Mike had a routine scan and they found 2 tumours, which were confirmed as Hepatocellular Carcinoma (HCC). As a result of this, he was put on the transplant waiting list, and 8 months later he received his second liver

transplant. The extent of the cancer in the first transplanted liver wasn't realised until it was removed and he was lucky to have had the second transplant. Had they known the extent of the cancer in the first transplanted liver, they wouldn't have operated.

22. In around 2008, shortly after Mike's second transplant when we were still living in Surrey, Mike contracted Sepsis, which was controlled. Mike also developed *C.Diff* but I cannot locate the medical diagnosis to pinpoint the date. Mike was very poorly, but luckily he responded well to the antibiotics.

23. After the second transplant the HCV came back and he was put on the Interferon and Ribavirin treatment once again; this time a 72 week course before the HCV was no longer detectable. The second time round the symptoms were horrific and Mike became a completely different man. As a result of this treatment, he was very lethargic and suffered from mood swings. Injecting himself three times a week affected him mentally.

24. This was a very difficult time for me and the girls as the treatment made him very volatile, very aggressive and short tempered; however, he did not know what he was doing. At one point, I had to come between him and my eldest daughter. This was completely out of character and was not him at all. Prior to his treatment, he was a very positive person and after he hid a lot of how he was feeling from us. He always looked on the bright side of life, but you could see that it affected him more when he was on the treatment. Mike just said that it felt like he had really bad flu, was fatigued and would often say that *'feels like I've been hit by a bus'*.

25. He had recurring bowel issues and diarrhoea. Lack of concentration, felt like his head was *'full of cotton wool'* and he was very much like a *'Jekyll and Hyde'* character due to the mood swings. He was aggressive and sometimes I was scared of him and I didn't know which way to turn and I felt so alone. The treatment did work though and his HCV went undetectable after this. Mike was also informed that his Haemophilia was cured. He then continued to have routine scans every 3 to 6 months.

26. In 2011, Mike had an operation to resolve hernia discomfort, multiple stomach issues and swelling due to the operations he had previously had. Shortly after his second transplant, Mike was experiencing difficulties at work, so as a result of this he retired due to ill health in 2008.
27. Whilst we were living in GRO-C Surrey, Mike received a letter in the post saying that he might have been exposed to vCJD. There was an incident waiting for bloods one day where the doctor shouted Mike was at risk of vCJD across a very busy waiting room.
28. The cancer wasn't detectable for 5½ years. Mike and I thought everything was OK, so we had planned to downsize and relocate to the North. In February 2014, after a routine scan, Mike was informed he had HCC in the portal vein of the liver. It was inoperable due to the size and location of the tumour. A third transplant was out of the question and they gave Mike 12 months to live. This news came 2 weeks after Mike and I had completed on a house purchase in Cumbria.
29. Mike and Eleanor stayed in Surrey in a rented property, so Eleanor could finish her college course, but I had already moved to Cumbria to secure a job. Sarah was at university at this time. We all lived at the other end of the country from each other and Mike had to tell me and Sarah via a phone call that he had terminal cancer.
30. Whilst living in GRO-C and campaigning, Mike built up a very good relationship with Jeremy Hunt and considered him a friend, so much so, they were on a first name basis. Following his campaign work, Mike and I were invited to Westminster to meet with Jeremy Hunt (who was then Health Secretary) and Jane Ellison (then Under-Secretary of State for Public Health) around February 2014, to discuss what would be a '*fair and final settlement*' for the victims of contaminated blood that people would accept. Mike worked hard to come up with a reasonable figure, based on the knowledge and history of the other victims, not just himself. He based his research on a similar medical disaster, which was the Thalidomide victims.

31. Whilst talking to Jeremy and Jane, we were in a room in Westminster, with around 20 other civil servants; Mike explained what would be a fair settlement and his reasons and calculations behind it. He also broke down and told the room that in the week prior to the meeting, he had been informed he had been given a terminal diagnosis and had 12 months to live. Upon leaving the meeting, Jeremy shook mine and Mike's hands and guaranteed him "*I will sort this out*". Since that meeting, he has not fulfilled his promise.
32. In the times Mike did feel well, he had hobbies and things he enjoyed doing for example in 2014 he was away in Scotland on a fishing trip, but he became very unwell whilst he was away and he was admitted to Inverness hospital and treated for Cellulitis.
33. Shortly after Mike's diagnosis, the next treatment step for Mike was Selective Internal Radiation Therapy (SIRTs) to shrink the cancer in the left side of the portal vein. The tumour did reduce in size momentarily, however the cancer eventually had spread to the right side of the vein.
34. Mike transferred to the Freeman Hospital in Newcastle upon Tyne at this point. From there, the Freeman then referred Mike to the Royal Free in London in January 2015. He had a port-a-cath fitted at the Royal Free, for his first cycle of chemotherapy.
35. Things started to go downhill at this point with Mike's health. I was at work one day and I received a phone call from a very distressed Eleanor, who was 18 years old at the time, who exclaimed to me that Mike was acting strangely, very confused, stressed and he didn't know what the day of the week it was. I rushed home from work and called an ambulance. Mike was admitted to Lancaster Hospital and upon waiting for admittance; I was very rudely told by the paramedic "*Do you know how much it costs for an emergency vehicle to come out to you? Next time I'd recommend you go through your GP*". I was obviously more concerned for Mike's health at this point, so I shrugged it off.

36. Mike had a serious infection due to being immunosuppressed by chemotherapy and also due to the immunosuppressant's he was on to prevent his body rejecting his liver. Mike was so out of it that he couldn't recall 3 days from the infection and required a security guard to stay in his room to stop him wondering off and pulling out his intravenous antibiotics. Mike was very distressed; it was incredibly upsetting and hard to witness.
37. Mike was in Lancaster Hospital for a few weeks, but after he was discharged he wrote a very angry email complaining about the paramedics making that comment. By this time, I had thought about it and realised how angry and upset it made me, that they felt that they had the right to say something about someone who was obviously very ill. They swiftly denied ever making such a comment.
38. Mike also challenged his treatment decisions. He couldn't believe that his immunosuppressant's to stop his body rejecting his liver were kept at the same level, even whilst undergoing chemotherapy and he very strongly believed that this was the reason that he got an infection 5 days after his first round of chemotherapy; he felt it was due to his chemo shattering his immune system further. He tried to get hold of his consultant at the Royal Free to discuss this matter and failed to get hold of her several times. Out of frustration he emailed her to say that he would not be continuing chemotherapy.
39. The last remaining treatment option was Sorafenib, to treat advanced HCC; however, he was never stable enough to start treatment.
40. Whilst Mike was desperately waiting for the Penrose Inquiry to announce their findings in March 2015, he contracted another infection. After the previous ambulance incident and Mike's strong personal feelings towards Lancaster Hospital, I called Mike's sister to drive us to the RVI in Newcastle. It all went downhill from there and after organ failure he passed away on 3 April 2015, peacefully with all his family around him.

41. Hours after Mike's death, the doctor on duty would not put down Mike's real cause of death; Mike's dying wish was that his death certificate said that it was contaminated blood product Factor VIII pooled plasma that killed him. The Doctor on duty told me he didn't want to put that down and it went to a Coroner's inquest as a result.
42. The Coroner's inquest took place 6 months after Mike's death, in Newcastle October 2015. Two expert doctors, Dr Helen Reeves from the Freeman Hospital and Mike's consultant Dr Graham Alexander from Addenbrooke's Hospital, gave oral evidence, which has been previously exhibited as WITN1196004 and WITN1196005. Evidence provided confirmed that Mike was undoubtedly infected by his NHS supplied Factor VIII therapy.
43. His resulting death certificate listed a narrative cause of death:
- I (a) Liver Failure
 - (b) Hepatocellular Carcinoma
 - (c) Hepatitis C Virus Infection
- II Haemophilia And The Treatment Thereof
- Conclusion narrative: Death was the consequence of Transfusion with Infected Factor VIII Blood Products and I exhibit this at WITN1196014.
44. Mike wrote an account of the impact of HCV in his life when he was 44 years old and I exhibit this at WITN1196015. He was also very worried about his pension and felt unable to work and I exhibit an email he wrote dated 14 June 2011 at WITN1196016. He felt passionately that previous governments were culpable for his infection and I exhibit a copy of the Tainted Blood Accusations Document with Michael's handwritten comments on pages 16, 47, 52 & 57 at WITN1196017.
45. I was widowed at 48 years old and my daughters were 24 and 18 when Mike died. I loved Mike and I wanted to be there for him. I exhibit an article in the Daily Mail dated 11 April 2015, which is only 8 days after he died, which details some of the impact on our family at WITN1196018.

46. I am devastated. The whole family are devastated and still cannot believe he has gone. Everything that had happened to him he dealt with. He was a brave and positive man. After his first transplant his whole outlook on life changed. He knew he was on borrowed time, so he made the best of life when he was well enough to do so.

47. Since Mike passed away I feel very alone although I have the support of my family. He is always in my thoughts and I miss him every day. I had to sell our dream house in Cumbria that we were going to spend our retirement in for various reasons as I could not longer afford to live there. I felt isolated and so alone.

48. Selling the house and dealing with the finances was very difficult for me as Mike used to deal with that side of things, so I had to learn quickly and I did. I managed to relocate my job and moved to Manchester nearer to my family and I am extremely grateful for their ongoing support. I worry about money and I worry for the future but most of all, my biggest worry is for Sarah and Eleanor and the impact this has had on their lives. Having only just recently read their statements it breaks my heart how this has impacted on their lives, when all that had happened could have been avoidable.

49. Mike did not deserve to suffer and he did not deserve to die like many others. He was a good man.

Treatment/care/support

50. I refer to my first witness statement.

Financial Assistance

51. I exhibit a letter at WITN1196019 from my husband to Dr Alexander dated 30 September 2011 regarding a further claim under the Skipton Fund, which shows that Mike believed that he was infected with HCV in 1982 and 1985. He also mentions that the grafts became re-infected after his first liver

transplant. I do not remember what payments he received from the Skipton Fund.

Other Issues

52. I refer to my first witness statement.

Anonymity, disclosure and redaction

53. I confirm that I do not wish to apply for anonymity. I understand this statement will be published and disclosed as part of the Inquiry.

54. I am happy to give oral evidence if necessary.

Statement of Truth

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

Signed.....17.06.19.....

Dated....GRO-C.....