

Mrs M Murphy
GRO-C
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22 January 1996

Dear Secretary of State

INFECTION OF HIV NEGATIVE HAEMOPHILIACS WITH HEPATITIS C

I was one of the six members representing the Manor House Group who met with you at the Department of Health on the 19 December 1995. I now wish to outline my case to you in more detail.

Haemoragically stated that as a sufferer of Haemophilia A, my husband William Murphy contracted the liver disease Hepatitis C following a duodenal ulcer operation at the Royal Liverpool Hospital in November 1981.

Obviously exposed to the infected blood products administered by the NHS at the time, it was only natural for my husband to fear that he had contracted HIV. In 1986 it was confirmed that he had not developed the Virus and was deemed to be fortunate. This now seems quite ironic.

It was confirmed in January 1992 that my husband subsequently developed Cirrhosis of the Liver as a direct result of the Hepatitis and was informed by Dr Charles Hay of the Royal Liverpool Hospital Haematology Dept that the condition would inevitably lead to fatality.

After brief tests examining the potential for a Liver Transplant in August 1994 a malignant tumour was discovered on the liver.

Before chemotherapy could be administered my husband died on September 3 1994 after the cancer burst causing a massive abdominal bleed.

My husband's death certificate reads: 1. Retroperineal bleed - caused by 2. Hepato-cellular carcinoma - caused by 3. Cirrhosis of the liver due to Hepatitis C - caused by 4. Haemophilia A.

It is quite clear in my mind and indeed in the minds of most medical professionals that my husband's death was directly linked to the administration of infected blood products - precisely those administered to patients who went on to develop HIV - in the early 1980s.

Given that the case of the haemophiliac and other patients who developed HIV was rightfully addressed and settled by the government, I put it to you that my husband's case - and I am sure others - should equally be addressed and examined by your department.

To highlight the current inconsistency: my husband was one of three haemophiliac brothers. The other two brothers contracted HIV and subsequently died in 1989 and 1990 respectively and their families were 'Compensated' and indeed had sundries such as funeral expenses paid. My husband's case because he was HIV negative does not come into that category.

I am, at this stage, drawing your attention to this matter in the broadest terms. I am sure you will appreciate the vulgar irregularity that currently prevails. I feel sure that it is a matter the government will wish to investigate.

I take this opportunity to thank you for the time you kindly gave to myself and the other members of the Manor House Group.

I look forward to hearing from you in due course.

GRO-C

MAUREEN MURPHY (MRS)