

Witness Name: Susan Buckett

Statement No.: WITN1842001

Exhibits: WITN1842002 –

WITN1842003

Dated: 20 February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF SUSAN JANE BUCKETT

Introduction

1. My name is Susan Jane Buckett. My date of birth and address are known to the Inquiry.
2. I am married and have three adult children. I am a director of a very small catering company which I run with my husband providing catering services for special private events.

How I am affected

3. I am the daughter of Elizabeth ("Topsy") Gordon who was infected with Hepatitis C ("HCV") by receiving a blood transfusion on the 10th April 1978. She lived an active and normal life until she became seriously ill in about November 2005. She died of liver failure on GRO-C 2009 at Kenwyn Nursing Home, Truro. (WITN1842002).

4. My mother was given a blood transfusion on 10th April 1978 at South Hammersmith District West London Hospital. She was given the transfusion prior to a hysterectomy operation, to be given as a result of persistent vaginal bleeding causing symptoms of anaemia. She was in the care of Mr M Pawson, consultant and L T van der Poel, registrar, Obstetrics and Gynaecology. **(WITN1842003)**.
5. My mother was not given any information or advice about the risk of infection before being given the transfusion.
6. As a result of the transfusion my mother was infected with HCV. However, she did not know that she had been infected until many years later.
7. My mother was ill for about two months beginning in November 2005. She complained of feeling like she was constantly "sitting on cushions" and struggled with bladder control. She went to her GP several times during this period and had various tests performed, including blood tests, but the cause of her illness was not determined.
8. In December 2005, just after Christmas, her illness worsened and she was physically sick and unable to get out of bed for several days. In early January 2006 I took her to the A&E department at the Royal Cornwall Hospital, Treslike. The doctors found several tumours on her spine, and she was admitted to hospital. The doctors then tested some of her spinal fluid and she was diagnosed with both HCV and Lymphoma. The doctors confirmed that she had contracted HCV from the blood transfusion in 1978.
9. The doctors suggested to my mother that the Lymphoma may have been triggered by the stress caused to her body by the HCV becoming active. They noted that the HCV was likely dormant for a period of time, and that it can become active when the body experiences a stressful event. My nephew (my mother's grandson) had recently passed away aged 19 and

this was very shocking to my mother, so I believe this may have contributed to her HCV becoming active.

10. Until this time, my mother had been in ignorance of her HCV infection. No one had informed her before this time that she could have been infected by the transfusion.
11. I am astonished that there was no follow up during the interim period between the transfusion and the HCV becoming active to check whether an infection had occurred. My mother was generally well in the period between the infection and her diagnosis, so her blood was not tested on very many occasions and I assume the infection was never found.
12. We were kept informed by the Royal Cornwall Hospital of her condition and the Hospital was managing her condition. The medical professionals and staff at the Hospital, including my mother's treating oncologist, Dr Noble, were very helpful and attentive. Consultants took time to explain procedures to both my mother and myself. She was an inpatient for several months and was given a life expectancy of about one year at the time, but eventually moved to a care home and lived for about three more years.
13. At no time, either prior to her hospital admission in 2006, or after her hospital admission, was my mother, or any of her family told about any risks of others becoming infected as a result of her infection.
14. After she was discharged from hospital and moved to the care home, there were periods when she had bad nose bleeds. I now recognise that this may have put others at risk of infection, but no information was given during the course of her treatment about precautions to take if she had a nose bleed. If I and/or the staff caring for my mother had been aware of the risk of infection to others we may have been more careful when assisting her with her nose bleeds.

15. After my mother was diagnosed I asked my own GP if I should be tested for HCV, but he told me I did not need to be tested because it is very difficult to transmit.

Section 4. Consent

16. I believe that my mother was treated and infused without being given adequate information about the risks involved. There was no follow up at a later date to warn her of possible infection that may have resulted. Nor was there any request over the years to test for infection.
17. After learning of her infection, to my knowledge she was not informed of the risks of others being infected as a result of her condition.

Section 5. Impact

18. My mother was absolutely shocked, horrified and frightened on being told of her infection. This effect on her mental state did not help her in the effectiveness of her treatment. She was at the time in a terribly fragile physical condition and had to withstand double doses of chemotherapy to treat both of her conditions.
19. She did also have serious dental problems and pain and I understand that the suspected primary Lymphoma may have been in her jaw.
20. Treatment for my mother was three courses of chemotherapy whilst an inpatient in the hospital. The drugs used were a mixture as they were treating two conditions; the HCV and the Lymphoma. She reacted particularly badly to this each time and was close to death on more than one occasion during these courses. She was intended to have six courses of treatment, but this was limited to three courses due to her

severe reactions to the first courses and the risk that she would not survive any further treatment.

21. The treatments also resulted in severe colitis which persisted for a long time causing her much distress and weakness. She also had to have a catheter due to complications and this catheter resulted in several subsequent infections.
22. The mental effects of the treatments were almost as bad as the physical. The stress and the knowledge of the likelihood of repeated severe adverse reaction each time the chemotherapy was given. She knew that it would continue to weaken her.
23. The mental effect on myself was huge. I was very close to my mother and also the family member who supported her through the whole process of her illness. At times when she was particularly bad as a result of treatment, we thought that we would lose her.
24. My mother was a gregarious, warm person with a great sense of humour. She had a great zest for life and had many friends from a past life in London and Stockbridge before she came down to Cornwall to be closer to myself and her grandchildren. She was an artist and had run her own business, a delicatessen shop, before retiring at the age of about 60. She had five children and was divorced and lived alone.
25. About 6 years after moving to Cornwall she first became ill. She had no idea that she was carrying a dormant infection of HCV. Effectively her life ended at that time, with her illness dictating the care that she needed. She had about three years of rapidly declining health after being diagnosed, instead of the one year life expectancy that she had been given at the time. Some days she was well enough to allow me to take her out for a few hours in a wheelchair, but latterly she regressed to being bed bound.

26. It was an awful time not only for my mother but for me and her family. I myself spent a large part of my life whilst she was ill travelling into Truro and visiting her at the nursing home. This was at a time that I needed to work at my catering business, which suffered as a result. My children were also living at home at that time and I was unable to give them the time I wished.
27. I am not aware of any stigma associated with having HCV. In my family we always felt able to speak about it.
28. The stress of her condition was also felt by her other children who because of distance were unable to visit her on a regular basis. They therefore had to rely on me to update them about her condition. My children, her grandchildren, were severely affected by her sudden decline
- GRO-C**
29. After being admitted to hospital, my mother spent many months as an inpatient. She became totally dependent on care and was unable to return to her home which she rented and which she was never to visit again. I managed, after much searching, to find a place for her in Kenwyn Nursing Home, Truro, where she was to be cared for and under medical supervision.
30. The financial effect on my mother meant that her small amount of capital was spent on care at Kenwyn Nursing Home, leaving little to be spent on herself and family. As she did not have enough capital, Cornwall County Council assisted her with the nursing home costs, but she had to make a considerable contribution.
31. The financial effect on myself was that my business was affected as I sometimes could not commit to work, being needed either in Hospital or the Nursing home on a regular basis. Usually 4 or 5 visits were made per

week, a journey of about 40 minutes by car. The cost of travelling and hospital parking was considerable.

Section 6. Treatment/Care/Support

32. I was not offered any counselling or other support, nor to my knowledge was my mother.

Section 7. Financial Assistance

33. The Skipton Fund provided a payment of I believe £40,000 sometime in 2006, after my mother's diagnosis. A further payment was made after her death in 2009 of £25,000.
34. I do not know how my mother found out that financial assistance was available or if she had to apply for this payment.
35. I consider that the sums of financial assistance provided were very small. How can you value the shortening and loss of a life? My mother was rarely able to benefit from the assistance herself as it was used mostly for necessary accommodation and care.

Section 8. Other Issues

36. Neither myself nor to my knowledge, my mother have had any experience of any withholding of information or untruthful experiences from any medical or government official.
37. The hospital-based medical professionals and staff at the Royal Cornwall Hospital were very helpful and attentive. I have not seen or enquired about my mother's medical records.

38. The social worker of Cornwall Council was also very helpful concerning the part funding of her accommodation and care at Kenwyn Nursing Home.
39. My expectations of the Inquiry are that I hope that it will provide a truthful account of what happened and if errors have been made an explanation of how and why. I would like to know if there were efforts to cover up, lessen or even deny the errors made. Responsibility needs to be apportioned and I would expect realistic recommendations to be made about what needs to be done. I hope that the enquiry will achieve answers to the following questions:
- a. Why possibly contaminated blood was used?
 - b. Who knew the source of the blood and arranged for the acquisition and use of it?
 - c. Why recipients were not informed of the risks involved?
 - d. Why potentially infected patients like my mother were not informed of their status as soon as it was recognised that there was a problem. Why did she have to wait until suffering symptoms many years later before being told?
 - e. Why infected patients were not informed of the public health risks that they posed?
 - f. Who was responsible? At what level of responsibility were mistakes made?

- g. Why compensation payments made from the Skipton Fund were so out of line with payments made by other countries health services, in particular Ireland?
- h. Why has it taken so long to properly investigate this scandalous affair?

Statement of Truth

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

Signature

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Dated20 February 2019.....