

## The Newcastle Upon Tyne Hospitals WHS



**NHS Trust** 

The Freeman Hospital

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## CONFIDENTIAL

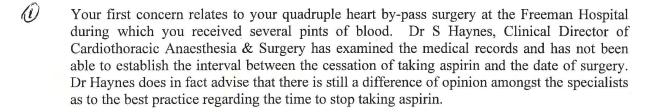
LRF/JL/JPM/484/00

22 August, 2001

Mr T Farrell GRO-C

Dear Mr Farrell

I am writing further to my letter of 19 July 2001 having completed an investigation into the concerns which arose out of the care and treatment you have received under Professor Bassendine at the Freeman Hospital. May I advise of my findings.



On the one hand aspirin has a significant role in preventing myocardial infarction in patients with known ischaemic heart disease. The down side of this is that it is an anti-platelet drug and as such it can increase the likelihood of post operative bleeding. Recent evidence suggests that early cessation of aspirin before coming in for coronary artery surgery does in fact lead to an increase in postoperative deaths while on the waiting list, these usually occurring in the week leading up to surgery. Current practice is to ask patients to stop taking aspirin some two to five days before surgery and certainly if the patient is still on aspirin the day before surgery, it is not a contra-indication to proceeding with the operation.

The operation was performed by Mr B Glenville, Senior Registrar in Cardiothoracic Surgery and I understand that you needed to go back to the operating theatre for post-operative bleeding, which can occur in some 5% or so of patients undergoing cardiac surgery. The hand-written notes of Mr Glenville in the medical records indicate that a bleeding vessel was seen, thus the bleeding appears to have been caused by a surgical problem rather than related to aspirin therapy.

You certainly received exposure to a significant number of blood donors and I think that it is fair to say that we are much more reluctant these days to administer blood products than we were in 1989.

You request why it took nine and a half years to discover that you had blood contaminated with the Hepatitis C virus. I am advised that you were referred to the care of Professor M F Bassendine, Professor of Hepatology & Honorary Consultant Physician by Dr C E Chapman, Consultant in Transfusion Medicine in July 1998. The contamination was picked up as a direct result of the NHS Blood Service 'Look Back' exercise of recipients of blood from Donors with indeterminate hepatitis C virus serology. You were found to be Hepatitis C virus antibody positive with a minor elevation of one liver blood test, aspartate transaminase of 54 (the norm being 1 – 45) but otherwise with normal liver function tests.



You were seen by Dr M Prince, Specialist Registrar, who notes in his letter that you had "no symptoms of liver disease whatsoever apart from tiredness". I am advised that this "tiredness" could be attributed to many things including your known ischaemic heart disease with quadruple bypass in October 1989. In other words you had no symptoms of liver disease and you were not therefore screened or referred to a specialist unit. I am informed that the only way Hepatitis C infection might have been detected earlier is that if your General Practitioner (GP) had performed liver function tests had you presented with symptoms or problems that required such a set of investigations.



Professor Bassendine informs me that she did try to explain the position regarding the way in which the contamination was discovered in the clinic but she believes that your wife and yourgoodself were in such a state of shock that quite understandably you did not readily appreciate the situation. Clearly, some misunderstanding arose at this time and I am sorry that this caused such anxiety.



Professor Bassendine regrets that you feel that you were told that you had Cirrhosis in a rather blunt fashion. Professor Bassendine reassures me that she would certainly not have told you that it was severe Cirrhosis (as there was no evidence that it was) but accepts that her comments were interpreted as such. Professor Bassendine does wish to personally apologise that her comments were open to this mis-interpretation and that she was in any way offhand. Overall Professor Bassendine very much regrets this shortcoming. This clearly caused you additional distress at a difficult time and I apologise on behalf of the Trust that this was the case.



You expressed concern that you were simply told to 'carry on as normal' when requesting information on Hepatitis C, diet and lifestyle. However, Professor Bassendine does say that her advice was appropriate as there was no evidence base that other alternative therapies would be beneficial. Professor Bassendine has stressed that there is nevertheless a wealth of readily available information on therapies and notes that you found such information at your local library. Professor Bassendine advises that it is not usual medical practice to discuss such therapies with patients as they may not be prescribed due to lack of medical evidence. Professor Bassendine does also point out that all patients receive a patient information leaflet on Hepatitis C which is provided by the British Liver Trust.

A letter was received from your GP on 19 February 2001 requesting advice concerning milk thistle, Q10, maximum, antioxidant, and chinese chorella. Professor Bassendine responded to your GP encouraging the use of antioxidant but discouraging the use of the chinese herbal medicine because of poor quality control.

Overall Professor Bassendine was aware of the unproven therapies, hence, her recommendations were limited to the proven benefits of established options.



I am advised that the treatment prescribed was injections 3 times each week with Alpha Interferon. This commenced in January 1999. I understand that after three months of the drug your liver function tests had normalised and your Hepatitis C RNA was not detected. You experienced the usual side effects of Alpha Interferon monotherapy with flu like symptoms, as well as weight loss and low mood. Dietary supplements were given and you were referred to the Dietician to help with your weight loss.



Professor Bassendine does not have a record of any discussion concerning the issue of compensation for receiving an infected blood component. However, Professor Bassendine recognises that most patients are concerned about this contentious issue and usually explains to her patients that there was no test for Hepatitis C available at the time you received the unit of blood in question (in your case October 1989), and that currently in this country it is felt that patients received the best medical care known at the time and were therefore not eligible for compensation. I understand that arising out of litigation concerning the timing of the introduction of Hepatitis C testing in the United Kingdom it was held that screening should have been introduced by March 1990. This issue is something on which you may care to take legal advice.



I am pleased to note that when last seen in the clinic in January 2001, you were Hepatitis C RNA negative with entirely normal liver function tests some twelve months after completing therapy. Professor Bassendine advises that there is evidence to suggest that, as a sustained responder to Alpha Interferon monotherapy, you will remain 'cured' as such and that there may be regression of the scarring and a lower risk of complications of cirrhosis.



I am sorry that you have felt so dissatisfied with the service provided by the Trust. We take complaints of this nature very seriously and where lessons can be learnt improvements are accordingly introduced.

In accordance with the NHS Complaints Procedure, a copy of which is enclosed, there is a provision for an independent review of any issues you feel have not been addressed. If you wish to pursue this option a request should be made in writing to the Complaints Convener, c/o Patient Relations Department, Freeman Hospital, Freeman Road, Newcastle Upon Tyne, NE7 7DN, and clearly setting out any such remaining issues.

If we can be of any f Relations Manager, Ms		1	 hesitate	to contac	tour	Patient
 Yours sincerely	-:					
GRO-C						
 L R Fenwick CBE Chief Executive						
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