

Witness Name: Feyona McFarlane

Statement No.: WITN1935001

Exhibits: WITN1935002 –

WITN1935017

Dated: 18 November 2019

EXHIBIT WITN1935010

The Lothian University Hospitals NHS Trust



DR AS SUTHERLAND
KELSO HEALTH CENTRE
KELSO
TD5 7LF

Patient:	FEYONA MCFARLANE	Date of Birth:	GRO-C 1957
	GRO-C	CRN:	2611571583
		Reference:	RG/RAF
		Visit Type:	RETURN
Clinic Code:	GI/PCH	Attendance Date:	27 Aug 1999
Specialty:	GASTROENTEROLOGY	Dictation Date:	30 Aug 1999
Consultant:	DR PC HAYES	Date Of Typing:	31 Aug 1999

THE ROYAL
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1 LAURISTON
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CENTRE FOR
LIVER AND
DIGESTIVE
DISORDERS

Dr N D C
Finlayson
Dr R C Heading
Prof P C Hayes
Dr A J MacGilchrist
Dr K J Simpson
Dr J N Plevris

Appointments:
0131 536 2183/4

Enquires:
0131 536 2179

Fax:
0131 536 2197

Dear Dr Sutherland

Diagnoses: Chronic hepatitis C infection with early cirrhosis
Previous Interferon mono therapy
Twelve months combination therapy with Interferon and Ribavirin
Polyarthralgia
Chronic headaches with pre-menstrual worsening

I was happy to review Feyona at Professor Hayes's clinic on 27 August 1999 in his unavoidable absence. She was accompanied by her mother.

We discussed many things at this clinic including the points raised in her recent letter. Unfortunately as you know she is symptomatically very bad again particularly with regard to her headaches and is obviously very down and upset about the situation.

Much of her unhappiness seems to stem from her feeling that her care is fragmented. Certainly there are many people involved in her care but I do believe that it is Feyona herself that sometimes drives this multiple opinion seeking. I think it is sometimes difficult for her to see the wider picture and that there is more to medicine than hepatitis C. I realise as her primary care giver it is a difficult situation regarding symptom management. I think she has been through the process of a pain control clinic already and also sees a psychologist and psychiatrist locally on a private basis. However she finds this awkward as she works with these colleagues on a professional basis as her role as a counsellor. I do not know if there is any possibility of setting something up outwith the area.

With regard to a few of her specific questions we would plan to monitor her PCR status on a 4 monthly basis and I have checked these at the clinic. I have also checked her AFP which I shall append to this letter. She should have twice yearly abdominal ultrasounds in addition but is keen for this to be done locally. I have asked her to discuss this with you regarding the arrangements. She also raised the question of whether she could have become diabetic following her Interferon therapy as she has symptoms of polyuria and polydipsia. Interferon can precipitate diabetes but this is usually a temporary effect and therefore I think it is

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extremely unlikely now that she is off it. I have checked her random glucose but have explained that to exclude glucose intolerance completely it would require another oral glucose tolerance test. I think we have to accept our limitations here in Edinburgh with respect to advice regarding her hepatitis C and therefore I have suggested to discuss any further investigation of this symptom with yourself.

Follow up clinic 4 months.

Yours sincerely

GRO-C

RUTH GILLESPIE
Specialist Registrar to Professor Hayes

LF's (N) including HbA1c
PCE awaited
Random glucose 5-7

cc Dr O E Eade
Consultant Physician
Medical Services Directorate
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS