Witness Name: Susan Farren
Statement No: WITN5563001
Exhibits: WITN5563002 - WITN5563004
Dated: 03 September 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SUSAN ANN FARREN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 August 2021.

I, Susan Farren, will say as follows: -

Section 1. Introduction

1. My name is Susan Farren. My date of birth is GRO-C 1954. My home address is GRO-C Manchester, GRO-C. I have three grown up children and four grandchildren. I am currently an administrative assistant at a local hospital.

2. I met my late partner Patrick Joseph Murphy in 1989. I will refer to him as Pat, which is what I called always him. My children are from a previous relationship. Pat and I had just one child together who tragically was stillborn.

3. I intend to speak about Pat's infection with Hepatitis C ("HCV"), after he received a blood transfusion during a kidney transplant at Manchester Royal Infirmary ("MRI") in 1979. In particular, I will describe how his infection affected him, me, our

family and our lives together. Pat worked as a courier prior to his retirement through ill health. He was born GRO-C 1956, and passed away on 12 October 2010.

4. I can confirm that I have chosen not to have legal representation and that the Inquiry Investigator has explained the anonymity process to me. I do not wish to be anonymous as I wish for our story to be known in full.

5. I should point out that my memory of everything that happened to Pat is very vague in places and though I remember events, I cannot recall specific dates but I will try to be as accurate as I can. I have not had the benefit of access to Pat's medical records.

Section 2. How Affected

6. In 1975, before we met, when Pat was around nineteen years old, he had gone into renal failure. For a period of around four years; between 1975 and 1979, he received dialysis treatment as his kidney could no longer perform its functions naturally.

7. In 1979, when Patrick was aged twenty-four years old, the medical professionals at the MRI had told him that his condition was not getting any better with regards to his health, as a result of his treatment on dialysis. It was suggested that he had a kidney transplant. His older brother was to give one of his kidneys to Pat.

8. In June 1979, Pat underwent a kidney transplant at the MRI. During the operation, he evidently lost enough blood to necessitate him receiving a blood transfusion. I am unsure as to how long Pat remained at the MRI recovering from the transplant operation.

9. As far as I am aware, Pat was not consulted about the likelihood of a blood transfusion before the operation and so I very much doubt if he was provided with information about any risks of infection from the blood he may be given, if he needed a transfusion.

10. I understood that Pat subsequently had regular check-ups on his kidney, and that he was told that his kidney transplant had been a complete success. Pat did however begin to get skin lesions, which I understand is quite common after a kidney transplant.

11. Pat was able to do all the things he had once loved to do. A year after his kidney transplant, he turned to fundraising, and he ran in his first marathon to raise cash for the Kidney Unit at the MRI. He raised thousands of pounds for charity over a number of years.

12. In 1989 I met Pat. Within a year or so, we moved in together.

13. Between 1979 when Pat was given his kidney transplant and 2008, we did not notice anything out of the blue with regards to his health. However, in 2008 he had started to have episodes during which he become confused and delirious. At home, he would walk around in the middle of the night and do things, as if he did not know where he was. He was also bloating up a lot. On one occasion, Patrick's disorientation became so bad, that he was admitted to the MRI to receive medical assistance. After initial observations, we were told that he had a urinary tract infection ("UTI"), and that once it had cleared, he would be ok. He was given treatment and discharged home not long after.

14. Pat was subsequently diagnosed as having encephalopathy. This is a what had caused this strange behavior, which we found out was coming from toxins from his liver.

15. In April 2008, Pat was receiving treatment at the MRI. When he returned to the family home, he told me that he had been diagnosed with HCV. This was such a shock for the both of us. I am not aware of the manner in which Patrick was told about his HCV infection, or by whom, other than that he had tested positive.

16. When Pat was diagnosed, as far as I am aware, he was not provided with any information on how to understand and manage his infection, or, about the risks of others being infected as a result of his HCV. Patrick was the type of person who

wore his heart on his sleeve and would tell me everything. I am certain that if he was told this information by the medical profession, he would have passed it on to me.

17. Whilst Pat and I knew what HCV was when he was diagnosed, I do not think that we knew what impact it would later have on his health. I do not think that Pat thought that his diagnosis was anything bad at the time. That, was, until he had been told that he had cirrhosis of the liver in December 2008. Only then did we realized that his HCV was serious and life threatening.

18. Right from his diagnosis, the medical professionals believed that the cause of Pat's HCV was the blood transfusion he had received in 1979, during his kidney transplant operation at the MRI.

19. Pat did however, undergo four years of dialysis treatment after his renal failure in 1975, when he was nineteen years old. He received dialysis treatment between 1975 and 1979. This is another possible area of concern with regards to the cause of his HCV infection. However, as the medical professionals had mentioned that it was most likely related to the blood transfusion he received in 1979, we have put this down as the cause of his infection and it was what was subsequently accepted by the Skipton Fund.

20. After Pat's HCV diagnosis, I was told that I would need to be tested myself for HCV, by the medical staff at Trafford General Hospital ("Trafford General"), Manchester. When I attended the face to face appointment with a nurse at Trafford General, I was told that I was also being tested for the presence of HIV. I recall the nurse stating something along the lines of "*do you know what you are being tested for?*" In response, I had told her HCV, to which she had told me that I was also being tested for HIV. She said "*well you should be getting counselling for it.*" I did not know why I was being tested for HIV. I did not think anything of it at the time. I did however feel as though I was made to explain why I was having the blood test, and I felt very uncomfortable. When the test results were returned, they showed that I had tested negative for the presence of HCV and HIV.

21. Pat was referred to the care of Dr Prince, Hepatology Consultant, Hepatology Department at the MRI. He would regularly undergo check-ups on the state of his health.

22. In December 2008, Pat had complained of being very tired, fatigued and lethargic. He had also felt very nauseous. He sought medical assistance from Dr Prince, to which he was referred immediately to the Liver Unit at St James's University Hospital ("St James's"), Leeds.

23. When Pat attended a face to face consultation with a Liver Consultant at St James's, he was told that he would need to undergo a number of tests. When the test results returned, he was diagnosed as having developed cirrhosis of the liver. This was a shock to us as a family and was the result of almost thirty years of Pat's liver being attacked by HCV.

24. As a result, in December 2008, Pat was placed on the waiting list for a liver transplant at St James's.

25. During 2009, so much happened with regards to Pat's health and he was constantly in and out of hospital as he was very ill.

26. On 10 January 2010, the children, Pat and I, had gone to bed as normal, when at around midnight, the house telephone rang. It was the hospital. Pat was told that a liver had become available for him and that he needed to come to St James's as soon as possible so that he could undergo a liver transplant. I recall telling Pat that as it was past midnight, and it was now GRO-C 2010; his birthday, it really was a great birthday present.

27. We rushed to the hospital via car as quickly as we could, but it was one of the worse winters on record, there was thick snow on the ground and it was treacherous. When we eventually reached St James's, Pat was taken into theatre to undergo his liver transplant.

28. After the transplant, Pat remained at St James's for around one month, before he was discharged home to continue his recovery.

29. I believe that as a consequence of Pat still having HCV, he was not given a 100% healthy liver. I cannot recall precisely but as far as I can remember, we were told this by one of the staff at St James's. We were not told to what degree the liver was 'unhealthy'. I suppose they must grade the livers. Anyway, I know they wouldn't have given him a 'bad' liver.

30. After receiving his 'new' liver, Pat's health improved and the things that had been causing him his health issues, seemed to have gone. He was able to visit his brother who had a property in Tenerife. He was a golfer, he was able to go on a golf holiday with his friends.

31. However, in July 2010, Pat's lesions started getting worse. When he sought medical assistance surrounding these issues, he was referred to the Christie NHS Foundation Trust ("Christie"); a cancer hospital in Manchester. It was here that Pat was diagnosed with skin cancer. He had developed lesions on his face and a tumor that he was told that he could undergo radiotherapy as treatment. I recall that he had a mask made and I think that he may have had a radio therapy session but anyway he became very ill after this, leading to his death in the October.

32. Around the end of August to the start of September 2010, Pat's health took a significant turn for the worst, the specialists at Christie's more or less told him that they could not do anymore for him.

33. For a period of around one month after, Pat remained in the family home and received care from a number of visiting district nurses.

34. However, on 10 October 2010, the nurses could no longer control his pain. He was taken to St Ann's Hospice, Manchester, where he received palliative care and was placed into a coma.

35. On 12 October 2010, nine months after his liver transplant, Patrick died at the age of just fifty-four years old. At the time of Pat's death, he was the country's longest living kidney transplant patient.

36. Within the Death Certificate of Patrick Joseph Murphy, dated 13 December 2010, Signed by A McGrath, Deputy Registrar, Metropolitan District of Salford (exhibited below, **WITN5563002**), Pat's cause of death was recorded as:

1(a) Carcinomatosis
(b)Metastatic Merkel Cell Carcinoma.

37. Pat's funeral was at St Anne's Church, Manchester, with over 500 people in attendance to celebrate his life. It was reported on the front page of the local paper. He was well loved, and it left a large hole in the lives of many.

38. The funeral was paid for from money that Pat had received from the Skipton Fund. This totalled £8,000. The financial assistance that Pat received from the Skipton Fund is discussed further in **Section 7** of this statement. I did not apply for any funeral costs. I did not know that I could.

Section 3. Other Infections.

39. Other than HCV, I do not believe that Pat contracted any other infections as a result of receiving contaminated blood during the blood transfusion he had received in 1979.

Section 4. Consent

40. I do not believe that Pat has been tested or treated without his prior consent having been obtained, without his knowledge, consent, or for the purposes of research.

41. When Pat received his blood transfusion in 1979 at the MRI, this was administered during a surgical operation in theatre in an emergency situation. He was unable to

give consent as result, but I believe that the medical profession did what was necessary in the circumstances. I think Pat would say the same.

42. As previously stated, after Pat's HCV diagnosis in April 2008 I underwent blood tests at Trafford General, to test for the presence of both HCV and HIV. I consented to these tests, though it was never explained why I had an HIV test, so in the case of the HIV test, my consent was not 'informed' consent.

Section 5. Impact.

Mental/Physical Effect.

43. Until Pat's HCV diagnosis in April 2008, there was no cause for concern with regards to his health, to have indicated that he had contracted HCV. That was, until he had started to become very ill.

44. As previously stated, in 2008 Pat had started having these episodes of delirium and confusion as if he did not know where he was. Both in the home and whilst receiving treatment at hospital, he would wonder around all the time to and from the toilet. He constantly complained that he needed to urinate all the time, but he did not actually need to go to the toilet. He was so confused. Eventually, he was diagnosed as having encephalopathy.

45. After Pat's liver transplant on 11 January 2010, his confusion disappeared. This indicates that the episodes of delirium and confusion were attributable to the state of his liver, caused by HCV.

46. In December 2008, Pat complained of being very tired, fatigued and lethargic. He had also felt very nauseous. After seeking medical assistance, he was referred to the Liver Unit at St James's. He underwent a number of tests and was diagnosed as having cirrhosis of the liver.

47. In December 2008, Pat was placed on a waiting list to receive a liver transplant. He was on the list for just over a year. Subsequently, we had found out that his

name was taken off the list when he was receiving treatment for his skin lesions. He had two procedures to have lesions removed at Wythenshawe Hospital. When this treatment had been completed, Pat was asked whether he wanted to be placed back on the waiting list. This was confusing as we had thought that he was on the list and we had no idea that had been put on and taken off. This may explain why he was waiting for an extended period of time before he was given a liver transplant. We always thought that it would be sooner than that.

48. On 11 January 2010, Pat underwent a liver transplant. Not long after Pat had received his 'new' liver and was at home, he had become constantly thirsty. One day I was called at work by the visiting district nurse. She told me that she couldn't get in. I went home and there was an ambulance. It's difficult to remember in detail but the upshot was that Pat had collapsed into a coma. He was taken to Trafford General and was subsequently diagnosed with type 1 diabetes. Apparently, this is quite common after a liver transplant. As a result, Pat had to have daily insulin injections.

49. I have since learnt that liver damage, cirrhosis of the liver, and the associated affects this had on Pat's body such as confusion and diabetes, are all chronic symptoms of HCV. For around thirty years; from the point at which we believe that he had contracted HCV, it was having an effect on his body without him knowing. This would explain the state of his health leading up to his death.

Treatment

50. As far as I am aware, Pat was not offered any treatment for his HCV.

Impact

51. Pat has always tried to live his life to the fullest. This was more apparent after his liver transplant, as he realised just how quickly life could take a turn for the worst.

52. Pat's HCV diagnosis and his subsequent death has had a massive effect on my life. Prior to his death, he would experience these episodes, as I have described

and it changed the shape of our life together and relationship. His episodes were so regular, that I felt as though I always had to be there for him. It was almost like caring for an elderly parent, instead of my partner. I just accepted it and got on with it. It changed our lifestyle. But for the very short period between recovering from his liver transplant and his passing away, we had no social life and never went on holidays. Whilst he would feel well on one day, we would never know what to expect the following day. This made it difficult to plan ahead.

53. Pat was diagnosed with HCV and died within a very short period of time. It all happened so quickly. After his passing, I have always felt as though it is something I will never get over and will always think about. It has been eleven years and not a day goes by without me not thinking about him. It is something you learn to live with and learn to get over. I have good friends who have stuck by me and have been around me to support me. I have never had the inclination to find a new partner and I don't believe that I ever will now.

54. Pat's health and his diagnosis severely affected the household income. Around 2008, before his liver transplant, he felt that it was harder and harder to work due to his ill-health. Eventually, he had to retire early which removed a wage and this inevitably caused significant financial difficulties for us.

55. As Pat was not able to work, we relied on the wage I received from my employment and what he got in terms of benefits. This strain was further exacerbated because I felt as though I could not leave Pat on his own due to his confusion and his health, I was worried that I may not be able to carry on at work. Luckily, Pat's sister was able to come and sit with him during the day, so that I could go to work to earn the money which was very much needed. I do not know how I would have otherwise got through this period.

56. Our financial difficulties were further impacted when Pat's Disability Living Allowance ("DLA") was stopped for no apparent reason in 2009. As far as I can recall, he had to go to a meeting with a doctor in Manchester who was going to assess him in some way. I do not recall whether this meeting took place.

57. Before Pat died, he had started an appeal to the Department of Work and Pensions ("DWP") with regards to his DLA payments. This had not been resolved when Pat died. In 2010, I received a letter to ask whether I wished to continue with the claim Patrick had put in place. As far as I can recall, I did not continue with the claim on his behalf. I still do not know why this benefit was stopped but it caused Pat a lot of worry.

58. I have in my possession, one page of a two-page hand written letter. I do not have the second page, which is why it tails off at the end. This is a letter from Pat, which was written within the month before he died. He asks the recipient (whom I do not know) for some help with obtaining financial support. It outlines how he felt before his died, and his drive to make sure everything was provided for. Exhibited below, at **WITN5563003**, it states the following:

> *"Dear Janet, I wrote to you early in July which you replied to me to say you would look into my situation for me. It is now 3.30am on Sept 2010. As you may gather, I am writing this letter alone. Well it is now 2 months since I wrote to you and I still have not heard anything about any financial help whatsoever. That is why I am appealing to you again to please if in your powers to help me. I realise you must be a very busy person and always in demand but I don't know who to turn to. My morale is very low at the moment and I am getting scared which I thought I would never be after 34 years of being in and out of hospitals and fighting numerous health problems and I thank god I have come through them but now the good lord has sent me down what I think could be my last challenge and I am determined to fight it all the way. All I am asking for is some financial support. At the moment my food is being provided by my family. I don't know where I would be without them. They tell me not to worry about it but I do. I have my pride and dignity. I am telling them I am…"*

59. Within a letter, dated 01 August 2010, from Kate Green MP, Labour Member of Parliament for Stretford and Urmston, to Mr Patrick Murphy (exhibited below, at **WITN5563004**), she apparently replies to a letter Pat had sent on 09 July 2010 asking for financial assistance. The letter states the following:

> *"Thank you for your recent letter dated the 9th July which was received in my office on the 22nd. I was very concerned indeed to hear about your circumstances and the lack of assistance you have so far received, and will be happy to do whatever I can to assist.*
>
> *In the first instance, I have written to the Chief Executives of both Jobcentre Plus, and the Disability and Carers Service, enclosing a copy of your letter and requesting an urgent review into your circumstances and eligibility for some financial help.*
>
> *As soon as I am in receipt of any substantive responses I will, of course, get back to you."*

60. The two aforementioned letters exhibited, demonstrate the concerns Patrick had surrounding his family financial situation after losing his job and having no regular income. It is submitted in support of the problems he faced surrounding the decline in his health.

61. The worries surrounding the state of the family finances is still prevalent to date. Currently, I am not able to retire, as I do not feel that I can afford it. I do not know when I would be able to retire.

Section 6. Treatment/Care/Support

62. I do not believe that Pat faced difficulties or obstacles in obtaining treatment care and support as a consequence of being infected with HCV. After his diagnosis, he was referred to Dr Prince, Hepatology Consultant, Hepatology Department at the MRI. He was brilliant and was always very reassuring.

63. However, as I have previously alluded to in this statement, when I had to undergo a blood test for HCV at Trafford General after Pat's HCV diagnosis, I was also tested for HIV. I do not know why and I was made to feel very small. I felt as though I had to explain why I was having the HCV test. I felt very self-conscious about how

I was being made to feel. The way the medical staff spoke to me was very uncomfortable. I do not recall any names.

64. With regard to Pat's HCV infection impacting upon the dental care that he received; after his diagnosis he did have a tooth extraction at Trafford General, which may indicate that the local dentist wouldn't do it but I cannot be sure if that was the case.

65. Neither Pat or I were offered counselling or psychological support as a consequence of his HCV diagnosis. On his death, again, I was not offered counselling or psychological support.

Section 7. Financial Assistance

66. A few months after Pat's HCV diagnosis, his sister found out that the Skipton Fund were offering financial assistance to people who had been infected with HCV through treatment with NHS blood.

67. Pat received a telephone call from his sister when he was at home, and she had told him something along the lines of "*I think I have something that could be the answer to your money worries.*" Pat had to give up working in 2008 due to the effects of his health, so we had experienced difficulties in our finances. Pat's sister passed on the application form to Pat, and he filled in the application form as soon as possible and sent it off.

68. Pat had his application form supported and endorsed by a Hepatology Consultant at St James's. I have been asked by the Inquiry Investigator if it may have been Dr Charles Millson. I recall that it was, as he was the individual who had put Pat forward for his liver transplant.

69. In 2008, Pat was granted an ex-gratia Stage One payment by the Skipton Fund, which totalled a sum of £20,000.

70. Then, in 2009, Pat was also paid an ex-gratia Stage Two Payment by the Skipton Fund, which totalled a sum of £25,000.

71. In 2011; within six months of Pat's passing on 12 October 2010, I received a telephone call from the Skipton Fund out of the blue whilst I was at home. The individual had asked to speak to Pat, so I believe that they were not aware that he had passed away. I explained that Pat had died. I was then told that Pat was entitled to an additional ex-gratia Stage Two Payment to the sum of £25,000. As I was Pat's main beneficiary, I was entitled to receive this payment. As a result, in May 2011, I received an additional ex-gratia Stage Two Payment totalling £25,000 from the Skipton Fund.

72. I do not get any more money from the Skipton Fund. I intend to contact the English Infected Blood Support Scheme, to see if I am entitled to any further payments or income from the fund. I will also ask about reimbursement of funeral costs. I still have the receipts.

Section 8. Other Issues

73. I wish to provide a witness statement to the IBI, as I want Pat's story to be known in full. As hard as it is emotionally to discuss what happened to Pat, I am going through this process for him. This is all for him.

74. I would like the IBI to establish how the Contaminated Blood Scandal was allowed to materialise? How was this all allowed to happen? I guess we will never know the full truth but my hope is that the Inquiry will uncover as much as possible about it.

Statement of Truth

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

Signed GRO-C

Dated 3/9/2021.

Table of Exhibits:

Date	**Notes/ Description**	**Exhibit number**
13 December 2010	Death Certificate of Patrick Joseph Murphy, Signed by A McGrath, Deputy Registrar, Metropolitan District of Salford.	**WITN5563002**
Undated	One page of a two-page hand written letter, from Patrick Joseph Murphy.	**WITN5563003**
01 August 2010	Letter, from Kate Green MP, Labour Member of Parliament for Stretford and Urmston, House of Commons, to Mr Patrick Murphy.	**WITN5563004**