Witness Name: Raymond Coult
Statement No.: WITN5586001
Exhibits: WITN5586002-6
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF RAYMOND COULT

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19 February 2021

I, Raymond Coult, will say as follows: -

Section 1. Introduction

1. My name is Raymond Coult, but I mostly go by Ray, and my date of birth GRO-C GRO-C 1948. I reside in GRO-C and my full address is known to the Inquiry.

2. I retired from lorry driving on 28 March 2013 and I met my wife, Jean Pilsworth through work. Jean was born on GRO-C 1942 and we married on 07 September 1985.

3. I intend to speak about my wife's hepatitis C (HCV) infection which she contracted from a blood transfusion in 1981 whilst undergoing a hysterectomy procedure. In particular, the nature of her illness, how the illness affected me, the treatment received and the impact it had on me and our lives together.

4. I can confirm I am not legally represented and I am happy for the Inquiry Team to assist with my statement. I am aware of the anonymity process and I am happy for my statement to be in the public domain. I should mention I did however, approach two solicitors' firms in Doncaster after Jean passed away. I presented her medical records in front of them, but neither were interested in pursuing my case on behalf of my wife.

Section 2. How Affected

5. When I met my wife in late 1982, she was in the process of separating from her previous husband, whom she had two children with, called Maxine and Anthony. After she split with her previous partner, we courted for approximately a year, as Jean had various reservations about the difference in age between the two of us; I am six years younger than her, and with that she wasn't sure if I wanted to have my own children, which she could no longer give me after having a hysterectomy in 1981. I reassured her that it was not a concern for me and we purchased our home in December 1983.

6. It was not until one day in 2011, which started as any other day did, rather uneventful; I got up and made my way to work, which entailed a journey further north. I was driving when I received a call from Jean between one and three PM and I recall the words exactly, "*I'm in Doncaster Royal Infirmary, the Burns GP Practice sent me here and a surgeon called, Mr Kumar has been to see me and had a group of medical students with him, and he told me that I had AIDs, and I don't know what to do".*

7. I was immediately taken aback, I didn't really register what she was saying in fact. I also felt unsure what to do in that moment. I could hear the panic in Jean's voice and I tried to reassure her but my mind was racing. I turned straight around and made my way as quickly as I could to Doncaster Royal Infirmary (DRI).

8. The most shocking thing for me, and arguably the hardest thing to comprehend, was that Jean had AIDS, because there was nothing wrong with her; she was

an extremely fit and healthy lady, even at 69 years old, and even on that day, before I left for work, she was absolutely fine.

9. When I arrived, I comforted Jean and then I tried to talk to the senior sister or the consultant on ward 10 at the Royal Infirmary to find out what was happening, but I didn't manage to speak to anybody. Nobody seemed to have time. I was still in a state of utter shock; how could a doctor inform my wife in front of a group of medical students and in an open ward that she had AIDS. Jean was utterly devastated and tearful and I wanted answers.

10. Eventually a Macmillan nurse and another lady took us into a side room, where they confirmed Jean was poorly, but AIDS was not mentioned in front of me and nor was hepatitis C. Jean stayed in hospital for a couple of days and I remember how she was extremely distraught and upset she was. Sadly, I was unable to support her through this time, as I couldn't get time off work.

11. It was confirmed in August 2011 that Jean tested positive for HCV (**Exhibit WITN5586002**) and in September 2011, we found out that Dr Kumar was wrong as Jean tested negative for AIDS (**Exhibit WITN5586003).**

Section 3. Other Infections

12. I do not believe that Jean was infected with any other infections other than HCV.

Section 4. Consent

13. From my understanding and I cannot be 100% sure, it is likely that Jean consented to any tests and treatment she received before she passed away. However, I don't believe that she would have been aware that she was being tested for Hepatitis C or indeed HIV in the first place as I know she would have told me if this was the case. The tests must have ben done at the medical centre who sent her to the DRI.

Section 5. Impact

14. As I mentioned earlier, Jean was devastated when she thought she had AIDS and questioned how we would continue living our lives. I was also desperately trying to get answers from the medical professionals, as it was disclosed to Jean with no information or understanding as to how she acquired it, or what it was. Nothing was said about precautions or what it meant for her life going forward.

15. The hardest thing to understand when I found out about Jean's HCV was that she was a fit, healthy, and active lady; I never thought something was wrong with her. Even when she was incorrectly told she had AIDS in 2011, her physical health was completely fine and there had been no adverse symptoms that might have indicated a problem.

16. After her initial HCV diagnosis in 2011 she became quieter, more withdrawn. This was hard for me as Jean was always the type of girl to go out and dance; the life of the party I'd say. When she was well, we used to go out once a week together and enjoy ourselves, but our lives changed after this. We lost social interaction with friends and peer groups, and just kept ourselves to ourselves. She seemed to lose her confidence and that little 'spark'.

17. We never really discussed the problems as she always steered away from the conversations. She found it difficult to talk about and I just wanted to support her. I guess we also feared the stigma associated with HCV and because of this we never discussed it outside the house, although this was a rarity anyway. I am not sure if Jean told anybody else outside the house.

18. Jean was independent in everything she did; she used to walk our two cavalier spaniel dogs, organise and sort out her own banking and was generally alert. I guess this is why it came as such a shock to both of us.

19. In and around 2013, I started to notice a lump developing on Jeans nose, which was later diagnosed as a melanoma. They built a mask for her face, as

operating was not an option since it would have deformed her face significantly. Despite this, Jean never complained; it was clear to me that her health began to deteriorate. She became unsteady on her feet and suffered several falls and in the last four to six months of her life I had to bathe and feed her and generally provide for all her care needs.

20. Not only did her physical health take the hit, but she was also going downhill mentally. It was tough to see such a sharp and quick decline in my wife in late 2013, early 2014. Her memory was affected and she struggled with basic conversation at times. She became a shadow of the woman she was in the last months of her life.

21. During this time, I had no support from anybody else. Jean's children became more distant to their mother after they left school, although this may have had something to do with the divorce from their father. I recall Jean speaking to me about having a discussion with her children regarding testing, but I don't know if she ever did. Jean loved her children and was extremely happy when her son Anthony had two children of his own. We saw them a few times, but Jean has missed out on watching them grow up - and they have now missed out on having her in their lives.

22. I retired on 28 March 2013 and this was meant to be an opportunity for both Jean and I to enjoy ourselves, but this was taken away from us. We had talked about it and had plans to travel and do the things that retired couples do. However, Jean wasn't well enough to travel, and it's unlikely we would have been able to obtain holiday insurance to cover her.

23. It makes me sad that we weren't able to explore the world more together; Jean was not well travelled when she met me, and in 1985 we went on our first holiday together to Cuba. She also used to come with me, when I would travel for work. We had dreams of travelling to many more places and doing many more things, all shattered by what happened.

24. When Jean passed on 27 March 2014 it hit me like a tonne of bricks. I was devastated as she was the love of my life but the grief soon turned to anger at

what happened to my wife; the treatment she received and the simple fact that this happened to her and us, because of contaminated blood that my wife received during her hysterectomy, which I will talk about later.

25. Above all, I miss her and I miss spending time with her, but I am determined not to feel sorry for myself and take comfort from the time we did have together.

Section 6. Treatment/Care/Support

26. As I mentioned earlier, our lives were turned upside down in 2011 when Jean was mistakenly told she had AIDS. After finding out this was a mistake, we still had to deal with the fact that she was HCV positive. I challenged the medical professionals about the AIDS comment made by Dr Kumar and a lady called Janet Ryles, a Macmillan nurse warned me that if I kept digging in to it, I would make myself poorly. She didn't think there was anything to be gained but I did.

27. We were referred to two different departments at Doncaster Royal Infirmary where we saw a gastroenterologist Dr Gavin Hill and a hepatologist, Dr James. From time to time we also saw a hepatitis C nurse called Mark Kaiser.

28. My wife and I were advised to not share each other's toothbrushes and not to have unprotected sex. It was a little too late to have received advice about use of condoms, as we had been together for a while now. I was tested for HIV and HCV, and both returned negative results; I was told that I was lucky.

29. We dealt mainly with Dr Gavin Hill and it was not until weeks or perhaps even months after my wife's diagnosis in August 2011 that he said to us, "*Jeans hepatitis C is far too advanced and far too much damage has been done for any possible treatment to be worthwhile*". This was something he repeated to us several times whilst Jean was his patient. The damage was to her liver which was cirrhotic and also to her kidneys. I thought this was ridiculous and questioned Dr Hill, but he kept restating that there was no point in Jean undergoing HCV treatment for the same reason.

30. I have been asked if Jean underwent a biopsy and I cannot be sure. I do believe that she had some sort of scans as part of her treatment.

31. Jean went to hospital every month at DRI and saw doctors between both departments to have regular check-ups. Most of the time we went in for informal chats and I'm not sure what further tests were undertaken but I know there were some. I couldn't help myself but I had to ask why my wife wasn't being treated for the HCV and I kept receiving the same response, "*Jeans condition and advance stage of hepatitis C and the state of her liver and kidneys means treatment would not be worthwhile*". I pushed this line of questioning over and over again, to which Dr Hill always responded in the same way, "*Jean's situation is too advanced*". I can't help but feel a sense of guilt that I didn't push harder but it was like banging your head against a wall.

32. They accused Jean of being a heavy drinker, which I took very badly and I made a point of telling the doctors that they were wrong and full of rubbish. As I've said, we used to go out once a week on a Saturday night, and she would only have a brandy or a baby-sham and then drink lemonade. The accusation really upset Jean as she had never been a drinker and they didn't seem to believe her.

33. I remember receiving a call one Saturday and I was told immediately to make my way to the accident and emergency department at DRI, as Jean had been urgently called in. It was all very confusing and distressing, as the doctors were saying that the drug she had previously been prescribed, called spironolactone **(Exhibit WITN5586004),** would kill her if she continued to inject herself with it, and that she should immediately be taken off it. I will mention this later.

34. For a period of time, we were very confused as to how my wife became infected with HCV. I recall Jean being asked about tattoos and she did have two, but they were both done both in Doncaster in a sterilised, regulated, and professional place. She was also questioned about being treated in a foreign hospital, but Jean had never been abroad before I met her in late 1982, early 1983. We travelled to Austria in 1985 and also went to Majorca, Tenerife, and Corfu, and she never needed medical assistance whilst we were away. The

Doctors also asked about whether she had injected drugs intravenously, which she most definitely had not.

35. As I mentioned earlier, Jean had a hysterectomy in 1981 and required a blood transfusion during the surgery, but we have no record of the blood transfusion, only the operation **(Exhibit WITN5586005).** I recall her clearly talking about it on several occasions. It is also curious that our GP surgery, Burns Practice wrote a letter that states she had a hysterectomy in 1986. They were wrong. Jean was with her previous husband when she underwent the operation, but he never visited her in hospital and therefore cannot corroborate this. I tried very hard to obtain her medical records but Doncaster Royal Infirmary told me they had almost all been destroyed. The medical files I did obtain from them were mostly blank or gibberish and they didn't tell me much at all.

36. In April 2013 I recall Jean attending the Renal department at DRI and saw Dr El Kossi. She was prescribed an injection per fortnight of Neo-recormon Epoetin to boost her iron levels and they also took blood samples. My wife was monitored regularly at DRI and had frequent blood tests.

37. Later that month, she received an emergency call from DRI A&E department and she was informed that her potassium levels were very high and that she needed to come to the hospital immediately. Dr Shekhar at A&E told Jean that she must stop taking Spironolactone, which she had previously been prescribed by her GP. She was told it was dangerous when you have liver or kidney problems, and may kill you. I couldn't understand why this was prescribed to her in the first place if it could kill her. How can such a mistake be made especially with such an ill patient?

38. This was not the first time that Jean and I were let down by the Doctors' at DRI and I am rather bitter towards the hospital as a whole and the treatment and care they offered my wife. Sometime in 2013 Jean was admitted as an emergency because she had fallen and split her head open at home. She was taken in an ambulance to DRI, but they didn't have enough beds to take her in and the next closest hospital was in Worksop. I am not entirely sure what happened to Jean whilst she was hospitalised, but it was so bad that she signed

herself out and wanted to go home. I went to pick her up and noticed that the side of her face was black from bruising. The nurses said she had fallen three times. Jean was in tears when I saw her and wanted to leave. The hospital staff were insistent that she should remain, but I made sure that her wishes were fulfilled but she did not wish to talk about why she wanted to leave.

39. When it came to light, later that year, that Jean had developed a growth in her nose, Dr Raghuvan arranged an operation on her right nasal passage at the DRI ENT department to remove the growth. On 09 May 2013 Jean was admitted to DRI for the operation, but it was not successful and didn't achieve much. Dr Raghuvan confirmed that it was cancer and Jean had a malignant melanoma of the eye socket and brain. We were not provided with any additional information despite asking, as to whether her HCV infection could make It worse or interfere with the treatment she was receiving.

40. My wife was referred to Western Park hospital in Sheffield where she received radiotherapy treatment over the course of the summer in 2013. She underwent various tests including MRI head scans and regular blood tests. We mainly saw and dealt with Dr Richard Crossley at Western Park.

41. After five rounds of radiotherapy, Jean went to DRI for a few follow up appointments. On 12 August 2013 she was told by Dr El Kossi that she should not take the Neorecormon Epoetin injections any longer as they may inflame her tumour. It was very difficult for both of us to keep on top of the advice we were getting from medical professionals, as it always seemed to be conflicting.

42. It was at a further appointment later that month where we saw Dr Foran and Dr Dev Srinivason at the ENT Radiotherapy clinic. We were advised something along the lines, "*Jean needs palliative care and there is no point in undergoing more scans as the tumour is too extensive, and any more radiotherapy would be too dangerous, which may cause more harm than good*". We were also advised by Dr Srinivason that Jean should continue with the Neorecormon Epoetin injections. We both found this very hard to comprehend as it was a direct contradiction to what Dr El Kossi had advised earlier that month.

43. During this period, we also had home visits from two doctors: Mark Keiser and on one occasion, a locum Doctor, whose name I cannot remember. It was sometime in 2013, but the date escapes me, and I recall this very clearly as the Doctor came into our house and said, "*In the case of Jean's life, would you want resuscitation*", which of course I did. We both knew the time was near but it seemed insensitive. Jean was adamant that she did not want palliative care and she made sure that I knew exactly what to do, if and when the time came; she told me that she didn't want morphine, that she wanted to be buried, not cremated, and wanted to be buried close to where her family lived.

44. Mark Keiser was a hepatitis C nurse who was polite and supportive. He informed us that Jean's HCV was genotype 3a, which supposedly has been traced to south east Asia. Perhaps the blood that Jean was given came from the American prisons, as it is well known that American armed forces were in Vietnam.

45. After the home visits it became obvious that Jean's health was deteriorating quickly and she relied on me far more. On 27 March 2014, Jean called for me to help her onto the toilet and asked for a cup of tea. I walked into the kitchen and called to see if she wanted any cereal, to which there was no response. By the time I had walked back in, I knew something was very wrong, so I called an ambulance and followed behind in my car straight to DRI.

46. When I arrived, I found her in a room behind the A&E department as there were no beds available. Eventually a bed became free and Jean was placed onto a ward where myself, her daughter, and her granddaughter sat with her. They didn't attach her to any machines or wires; they did nothing to help her, no pain relief that I could see and no attempt was made to save her life. I couldn't understand why she received no support and whenever I questioned the staff, they all responded with something along the lines, *"we don't know*". This was the last time I saw her before we met again in the chapel.

47. During the course of Jean's treatment, she herself never complained about issues with care. I don't believe that she had any other medical conditions other those described that could have been impacted by her HCV. I believe she

obtained adequate dental care and I know that she informed her dentist of her HCV status.

48. I do think that Jean was denied treatment. Surely there must have been a chance that any available medication would be worth the risk if it gave her some chance of life. At least you should get that option.

Section 7. Financial Assistance

49. I tried to get money to help my wife and I became aware of the Skipton fund through Samantha May at the Hep C Trust. It was relatively easy to contact them and I spoke with Nick Fish, who was not very forthcoming with information.

50. I wrote an initial letter to Nick Fish to enquire about the fund and he sent Jean and I some forms to fill in. It was put in front of the Skipton Fund board and rejected on 11 October 2013. I wrote back to Mr Fish in January 2014 about the lack of medical information and notes attached to Jean's application, and I was told to go speak with family and friends to obtain confirmation that Jean had a blood transfusion in the relevant period. I found this very frustrating, as it was impossible for me to prove that she received a blood transfusion, since I was not with Jean at the time, nor is it in her medical records.

51. I appealed in 2014 and in the process spoke to Dr Gavin Hill, who supposedly did write a medical supporting letter to the initial application. Similarly, this was rejected which infuriated me as they didn't acknowledge what happened to my Jean – all through no fault of her own. It was as if we were dismissed, not believed.

52. It wasn't easy for us as I could rarely get time off to help take Jean to hospital appointments; I attempted, with the help of Western Park Hospital, to obtain carers allowance in the latter years, but the Council were not willing to offer this to me. Financially, I was able to pay off our mortgage in 2003, but Jean's wake and funeral cost me £5,000 although money is not the object here.

Section 8. Other Issues

53. When I saw Jean in the chapel after she passed, I thought something was odd when I touched her, and it made me think that they took her organs for research, but I'll never know.

54. Jean never donated blood, but I had whilst I was in the armed forces and continued to do so after that. Once I knew about Jean's HCV, I immediately informed the transfusion service, where I was reassured quickly that they screened blood for various viruses, including HCV, and therefore it was no concern.

55. After Jean passed, I was shocked to see that her death certificate did not mention HCV, but in fact stated that the cause of death was intracranial haemorrhage and brain metastasis from malignant melanoma **(Exhibit WITN5586006)**. She had no medical problems prior to the diagnosis with HCV and being told that her liver was beyond repair yet here, it has been blanked out by the doctors as if it was never an issue.

56. I also speak with Samantha May regularly and I told her that applying to the Skipton Fund was never really about the money, but acknowledgement of what happened. The main point is to prevent this happening again; we learn through mistakes.

Statement of Truth

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

Signed **GRO-C**

Dated 4TH JUNE 2021.