

Witness Name: Jill Newnham

Statement No: WITN5726001

Exhibits:

Dated:

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF JILL NEWNHAM**

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

I, Jill Newnham, will say as follows: -

#### **Section 1. Introduction**

1. My name is Jill Newnham. I am 62 years old and my date of birth is the GRO-C 1958. My address is known to the Inquiry. I am a widow and I live in GRO-C with my eldest son. I work part time as a midwife and have worked as a midwife for around 15 or 16 years. I have two sons aged 37 and 33 years old, and a step-son is who now 30 years old.
2. I intend to speak about my late husband James Newnham, who liked to be known as Jim, and his infection with Hepatitis C (HCV). In particular, the nature of his illness, how the illness affected him, the treatment he received and the impact it had on him and our lives together.

## **Section 2. How Affected**

3. Jim and I met in 1993. It was the second time round for both of us and we moved in together just 3 months after meeting. We were together for 26 years, and married for the last 5 years of his life; he was a wonderful partner and husband. My children were just 6 and 11 years old when Jim and I got together, and he was the most amazing step-father to them.
4. Before I met Jim, he had suffered two serious accidents in his younger years which he told me about in detail. I think the first accident was in the early to mid 80s when he was in his early 20s. Jim was at a party at a flat when someone made a bet with him that he would not be able to climb from one balcony to another, on the outside of the block of flats. Being young and stupid, he said "of course I can" and attempted to do this.
5. Unfortunately, Jim was unable to make this climb and had fallen 6 floors, hitting a washing line on the way which flipped him back up. He ended up landing on a concrete floor which caused severe injuries to his leg, foot and pelvis. He was taken by ambulance to Shooters Hill Hospital in Woolwich (which no longer exists).
6. When Jim arrived at the hospital, his blood pressure was extremely low and they suspected that he was suffering from internal bleeding. Jim remembered being given a blood transfusion when he arrived at the hospital, and he may have received more blood over the next few days without being aware of this, as he was kept unconscious.
7. As a result of the fall, Jim had suffered a shattered heel, ankle and knee as well as a pelvic injury. There was talk of Jim requiring his leg to be amputated, but he was adamant that he did not want this done and asked the doctors to do their best to repair his leg. They told him he would require multiple operations, and I think he had about 3 or 4 operations on his leg during this time. He was kept in hospital for about 6-8 weeks following this accident.

8. Despite all the surgeries and treatment Jim received, as a result of this accident he walked with a limp and his knee was very stiff. He was eventually registered as disabled as a result of these injuries. He also suffered significant scarring to his leg.
9. Jim also suffered another injury a few years after the fall. In around 1986, Jim was involved in a bit of a punch up in a pub and he fell forward, causing his hand to go through a pane of glass. His fingers were basically hanging off and he had severed the last two tendons in his hand. He was bleeding profusely as a result of this, and an ambulance took him to Shooters Hill Hospital.
10. Following this injury, Jim remembers being given blood products in hospital, but not whole blood on this occasion. This could have been something like a platelet infusion but he did not remember specifically what he was given, just that it was a blood product.
11. As a result of the injury to his hand, Jim was unable to flex his fingers. He was sent to another hospital which attempted to repair this damage, but they were unsuccessful. They tried to join the tendons and use some new technology including a button to try and straighten his fingers, but it did not work. Jim just accepted this and said he would have to get used to a few bent fingers. I can't remember the name of this hospital, but I think it was some sort of 'Pioneer' hospital.
12. When I met Jim, he was working as a doorman and then he later trained as a body guard. He was very fit and healthy and enjoyed going to the gym and cycling. Later on, as he was getting older and due to his ongoing leg issues, he decided to become a black cab driver instead. He studied hard and did the Knowledge test within 2 years.
13. In 2004, Jim decided to donate blood. I think he had seen an appeal for blood donors on television, and decided he wanted to become one. Not long after he made his first donation, he received a letter in the post saying that they were unable to use his donation as his blood has tested

positive for HCV. The letter asked him to get in touch with his GP as soon as possible.

14. The news that Jim had HCV really knocked him for six. He wasn't a drug user and rarely drank, he didn't have tattoos or piercings and was obviously not a homosexual. He just didn't have any of the usual risk factors for HCV and it was very confusing and upsetting. He had no symptoms at all at the time that something could be seriously wrong with his health.
15. Jim went to see his GP Dr Raphael at St Mark's Medical Centre, Wrotesley Road, SE18, who had been our family GP for years. He confirmed Jim's HCV diagnosis and went through a list of risk factors for HCV and also concluded that Jim's HCV was most likely contracted through blood and blood products he had received following the two major accidents I described above.
16. Dr Raphael provided Jim with advice about HCV and he seemed to have good knowledge about the infection and relevant precautions that Jim should take. We were concerned that I may have contracted HCV through sexual intercourse, but he reassured me that this was very unlikely to happen. He explained to Jim that he should be careful with his blood and not to share items like razors.
17. Jim had never been warned about risks associated with the whole blood and blood products he was given. I knew my husband better than anyone and if he was told that receiving blood could potentially give him an infection, he would have told them to forget it and would have rather bled. He was definitely not aware of any risks that blood could cause such serious infections.

### **Section 3. Other Infections**

18. As far as I am aware, Jim was not infected with any other infections as a result of the whole transfusions or blood products he received.

### **Section 4. Consent**

19. I do not believe that Jim was ever treated or tested without his consent. He was monitored quite closely after his first round of HCV treatment was unsuccessful as this was quite rare, but I'm not aware if this was for the purposes of research.

### **Section 5. Impact**

20. It was absolutely devastating for Jim to find out he had HCV and it was a very confusing time for him. He did not want to share the news of his diagnosis the rest of his family or his friends, and I was the only person who knew about the HCV diagnosis, and his only support.

21. Following Jim's appointment with his GP Dr Rafael where his HCV was confirmed, he was referred to Dr McNair at Queen Elizabeth Hospital ("QE") in Woolwich for HCV related treatment and care. He had his first appointment with Dr McNair about 3 to 4 weeks after his initial diagnosis.

22. Despite seeing Dr McNair in 2004, Jim only started treatment for HCV in 2015. I'm not entirely sure of the reason for this delay but I believe they might have been waiting for a treatment to be approved that had less severe side effects. Jim did not need to have any regular injections and I think the doctor had mentioned that injections which were being used to treat HCV at the time had significant side effects.

23. Jim continued to have appointments at the QE Hospital to monitor his condition. I remember in approximately 2006 he was at an appointment when he said to the doctor or nurse treating him something like, "at least

I don't have cirrhosis". I remember the doctor or nurse saying that Jim actually did have cirrhosis of the liver, something we had never been informed of before. It was only after that point that they included cirrhosis as a diagnosis on the letters they sent out to Jim.

24. Due to Jim's HCV and cirrhosis, Jim required routine liver scans to monitor the cirrhosis and any other liver issues he could develop, as well as regular appointments to monitor his HCV. In around November 2013, Jim had one of these routine liver scans.

25. I remember Dr McNair rang Jim on Christmas Eve and said he had identified what he thought was an accumulation of blood vessels in Jim's liver. Dr McNair told us that he would present Jim's scan at a meeting with some specialist doctors at Kings College Hospital, to get their opinions on what this meant. I remember this call well as it such an awful call to receive on Christmas eve.

26. Jim was given an appointment by letter to attend Kings College Hospital on the 6<sup>th</sup> of January 2014 for a consultation. We later saw that this letter said in tiny letters to bring someone with him to the appointment for support. We missed this at the time and Jim said he would be fine to attend the appointment on his own.

27. I remember Jim called me after the appointment and asked if I was sitting down. He told me that he had liver cancer and that it was terminal. I was in absolute shock and it was devastating news. We thought that Jim would die very quickly and we decided we had to tell family and friends as soon as possible.

28. Jim's son and my children were also devastated, and it was very difficult to come to terms with the fact there was nothing we could do. Although Jim did not want to share that he had HCV, I knew that the HCV had caused his liver cancer as Jim rarely drank alcohol and had no other relevant risk factors for liver cancer.

29. Jim was given an appointment to see Professor Heaton at Kings College Hospital in 2 weeks' time, after this initial appointment where he was told about the cancer. During the 2 weeks wait to see him, we truly believed that Jim did not have long to live and it was such an awful period for all of us.
30. At the appointment with Professor Heaton, he told us that he believed he could perform a liver resection on Jim which could extend his life expectancy, as Jim's cancer was towards the bottom of his liver as opposed to the middle or the top. I think he told us that the survival rate 5 years after a liver resection of this type was 40% and 10 years about 25%.
31. After this appointment, we had a bit more hope that the liver resection might be able to prolong Jim's life. Professor Heaton was brilliant and performed the surgery on Jim on the 2<sup>nd</sup> of April 2014. Thankfully, the surgery was successful and did prolong Jim's life.
32. After Jim's cancer diagnosis, his treatment, including ongoing HCV monitoring, was transferred to Kings College so he did not have to go to multiple hospitals. We used to be at the hospital 4 or 5 times a month for one appointment or another.
33. In 2015, under the care of Dr Kosh Agarwal at Kings College Hospital, Jim started a 3-month course of HCV treatment which included Ribavirin, Sofosbuvir and Ledipasvir.
34. The medication had a lot of side effects and caused Jim to become lethargic, moody and depressed. He severely lacked concentration and could not even watch television for 10 minutes at a time. This also meant he was unable to continue working as a black taxi driver.
35. Despite feeling depressed and down on the treatment, Jim did not seek any psychological support and powered through with course of treatment. He was on about 6 tablets a day and made sure he took them

properly as he was desperate to get rid of the HCV. Sadly, after completing this course of treatment he was told that it had not cleared his HCV infection which appeared to be quite unusual.

36. Dr Agarwal told Jim that he would be offered another course of HCV treatment when it became available, as at the time most new HCV treatments were still waiting for approval. I think they had considered all the available options and decided that it was best to wait for more treatments to get approved rather than trying Jim on treatment that was unlikely to work.
37. Around 8 to 9 months later in 2016, Jim was offered another 3-month course of HCV treatment which consisted of taking a new concoction of tablets, I don't recall the names. Jim had similar side effects to the first course of treatment, but to a lesser degree. Once again Jim made sure he took his medication everyday as prescribed and thankfully on this occasion, the medication worked and he was able to clear the HCV.
38. After the liver resection, Jim's general health had deteriorated and he also started to suffer from diabetes, high blood pressure and asthma, all things he had never had before. He was never really well again after the liver resection. He also struggled with his weight as he was unable to exercise and go to the gym like he used to, which could be linked to his health complications too.
39. It was very hard to see Jim's health deteriorate. He had been such a strong, robust man and seeing him crumble was so difficult for the whole family. However, we were thankful for the extra time we had with him after thinking he only had a short time left to live. Although it was hard, I tried my best to suck it up and get on with things as it was how I was brought up; I've never been one to complain.
40. In around November 2018, just over 4 years and a half after the liver resection, Jim started finding it quite difficult to swallow. He was referred



to Lewisham Hospital for a scan and they found a tumour from his oesophagus to his stomach, which was wrapped around his stomach.

41. Jim had a second scan at Guys Hospital. Following this scan, the doctors told him the tumour they had found was cancerous and sadly, terminal. It felt like the 5 years of life we thought he had gained from the resection was coming to an end.
42. Jim was told by the doctors said they would be unable to remove the cancer because of its location. He was offered chemotherapy to try and shrink the tumour instead, which could potentially improve his life expectancy. This was to be done at Guys Hospital.
43. Jim tried chemotherapy but it made him feel extremely unwell. He was rushed to hospital when he was feeling particularly unwell and they diagnosed clots on his lungs which meant they had to pause the chemotherapy. They restarted the chemo after some time, but it made him so unwell again that he had just had enough. He said that he wanted to stop the chemo and the hospital accepted this.
44. As Jim had become more and more unwell and had been unable to work, I had phoned social services to ask if we would be entitled to any financial support and I was not told we were not. It was only when Jim was having chemo and had suffered the clots in his lungs, someone in hospital for similar reasons told us we could apply for £80 a week in financial benefits due to Jim's ill-health. This wasn't much but it helped as Jim had not been able to work for some time.
45. After Jim stopped having chemo, he was referred to the palliative care team at Greenwich Hospital for support. However, Jim wanted to be at home and I decided to give up work to look after him as soon as I knew his cancer was now terminal.
46. Thankfully, my work was extremely supportive and I saw an occupational therapist who told to take as much time off as I needed to take care of Jim. I was given 4 months of full pay and then half pay, and I was told in

a year's time it could be evaluated again if needed. This was in December 2018.

47. Although everyone in the family was distraught by the fact that Jim was dying, a lot of the responsibility fell onto me to care for him, as he wanted me to be there all the time. I had help from district nurses, but looking after Jim during this period was a 24/7 job. My eldest son came to live with me to help me with things like lifting Jim and moving him, when he became too weak to do things himself.
48. We had been through the fear of Jim's impending death already with the liver cancer scare, and it was so difficult to go through this again. This time Jim's condition deteriorated quickly and he became weaker and weaker by the day. Eventually he was surviving on only fluids and did not eat for 15 weeks. He lost 9 stone and look like a skeleton.
49. Even 2 weeks before Jim died, he would manage to get from his chair to his walker through sheer determination, and walk as far as the next house. He would always wanted to get out of the house but eventually he just couldn't move. We had a hospital bed in the house which he used, and in his last week, he was unable to get to get out of bed at all.
50. 2 or 3 days before Jim died, he stopped drinking. He had syringe drivers in each arm as he required a significant amount of morphine to cope with the pain he was in. On the 25<sup>th</sup> of July 2019, the hottest day of the year, Jim passed away at 10am. On his death certificate Carcinomatosis and Carcinoma of the Oesophagus were listed as the causes of his death; there was no mention of HCV or the liver cancer he suffered with.
51. The impact of Jim's death has been devastating for myself and our family. He was the head of our family and a brilliant step father to my children. It was so difficult to lose my husband at just 60 years old and I am angry that I have become such a young widow. I had our future planned out and this was never meant to be part of it. I have had to adjust

to life on my own which has been very difficult, despite being a strong person.

52. My eldest son has really struggled after Jim's death, and I think it was particularly hard for him as he helped take care of Jim towards the end of his life. It is not easy to have to do things like lift your father onto a commode. It is hard to see someone you love deteriorate so rapidly.

53. I went back to work part time in September 2019, 2 months after Jim's death. I have not felt able to cope with working full time since then, and this makes it difficult to manage financially. Although our house is paid for, it is expensive to run. Thankfully my own health is okay despite suffering from arthritis. I just try to focus on my children and grandchildren, who are the most important part of my life.

#### **Section 6. Treatment/Care/Support**

54. I do not believe Jim had any difficulties in receiving the treatment he needed. However, I'm not sure if the delay in Jim being offered HCV treatment was avoidable, and whether receiving treatment earlier would have affected his overall health.

55. We had an issue with one of the doctors at Kings Cross Hospital who was treating Jim for his HCV. She was a bit offish when speaking with us and she was very blasé when updating us about Jim's health issues we were worried about.

56. On one occasion, this doctor told us Jim might have another tumour, but then never followed this up with us. We were obviously very worried as we never heard anything more about this, and when we asked her she told us it was good news that he was not actually a tumour to begin with, but she hadn't told us this.

57. We wrote a letter of complaint about this doctor and also voiced our complaints about her to another doctor we saw, and we did get an

apology from her. It was just this one doctor that we had an issue with, and it was resolved.

58. Jim did go to a local dentist but never mentioned any issues with the dentist to me.

59. As far as I am aware Jim was not offered psychological support or counselling, but he was also not the type of person to pursue any mental health support. He just got on with things and coped as best he could.

### **Section 7. Financial Assistance**

60. Jim and I had no clue about the existence of the Skipton Fund until someone at Kings College Hospital mentioned it to us. All of Jim's doctors agreed that his HCV infection was probably as a result of the transfusions he received following the 2 serious accidents he had suffered in the 1980s. However, finding evidence to support this became very difficult.

61. I was used to filling out forms and I had no issue with doing the application itself. However, finding evidence in relation to his falling accident proved impossible. The hospital had closed down in the early 2000s and we were told that most of the hospital records had been destroyed or lost.

62. The Skipton Fund rejected Jim's application on the basis that there was a lack of evidence that he had received blood transfusions, and that the accidents described would not necessarily warrant a blood transfusion. This was crazy given the injuries he sustained in both accidents and the fact that he had been in hospital for 6-8 weeks following the fall off the balcony! This felt unfair as it was through no fault of our own that we could not produce these records.

63. I asked Jim if we should appeal the decision, but he felt like there was no point in doing this, as we couldn't produce any further evidence that would change their minds. It felt so unfair as Jim had suffered so much with HCV, cirrhosis and eventually the liver cancer. I felt very hard done by, and if the Skipton Fund had given Jim the money, at least his last few years would have been comfortable.

64. I am now aware that the English Infected Blood Support Scheme has replaced the Skipton Fund, and I am pursuing a new application for financial support with them.

**Statement of Truth**

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

Signed                     GRO-C                    

Dated           26/5/21

