Witness Name: Elizabeth Davies
Statement No.: WITN0302001
Exhibits: WITN0302002 -
WITN0302009
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ELIZABETH DAVIES

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 30 October 2018.

I, Elizabeth Davies, will say as follows: -

Introduction

1. My name is Elizabeth Davies. My date of birth is GRO-C 1949 and my address is known to the Inquiry. I am a personal assistant to the headmaster at an independent school in Bristol.

2. I intend to speak about my infection with the Hepatitis C virus ("HCV"), which I contracted as a result of a blood transfusion I received in 1974. In particular, the nature of my illness, how the illness affected me, the treatment received and the impact it had on myself and my family.

3. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement.

How Infected

4. I was infected with HCV on GRO-C 1974 after receiving a blood transfusion at Bristol Maternity Hospital, three days after I gave birth to my first child.

5. I encountered difficulties during the childbirth; my baby was 9.5lb and facing the wrong way. On GRO-C 1974 I was put under a general anaesthetic, whilst the doctors used Kielland's rotational forceps to deliver my baby. On reflection, I believe that the difficult birth had caused a haemorrhage.

6. After the birth, I had a lot of stitches and felt very uncomfortable. My blood was tested and my haemoglobin levels were extremely low. The doctors told me that unless I had a blood transfusion, I would not be able to function when I returned home. Therefore, three days after the birth I received the transfusion, which I believe required 2 or 3 pints worth of blood.

7. I stayed in hospital for just over a week before I went home and I tried to readjust to normal life. I was not told anything further regarding my transfusion and I did not go back to the hospital for tests once I have been discharged.

8. After I returned home, I felt very fatigued and unwell. I assumed that this was due to me looking after my first child, as well as the distressing few days I had experienced following the birth. The baby was also very unsettled due to her traumatic time.

9. My GP thought that I had post-natal depression. A couple of weeks after my daughter was born, I suffered from stomach pains and acute diarrhoea; the midwife thought it was a stomach bug but nobody else I knew had it. I simply went on with my life.

10. I later had four more children but I never felt as unwell after giving birth as I did after my first.

11. After my fourth child was born, in GRO-C 1980 at St Michael's Hospital, I had a slight haemorrhage and I became very anaemic. I believe that I should have been given a transfusion at that time, but instead I was given Hartmann's fluid to help rebalance the fluids in my body.

12. There was no explanation as to why I did not receive a transfusion. However, I assume that the hospital would have been aware of my previous blood transfusion due to the records both on my file and on the records card (WITN0302002) which I kept and took with me to each ante-natal appointment.

13. In 1983, my final child was born and from 1989 I went back to work (starting part-time and then moving to full-time again). I just assumed being tired was part of having a very busy life and being a mother to five children.

14. In the summer holidays of 2008, I began to feel unwell. It felt as though everything became an effort; I did not have enough energy to complete basic chores and I felt I could not achieve as much in my day-to-day life as before. I was aware that it was not normal for me to feel this way and I thought I could be anaemic (as I am a vegetarian).

15. Shortly after I started to feel unwell, I went to my GP, Dr Saffron Reavley, and had a series of blood tests. At the time, she was very keen to suggest that I had depression. However, I am aware of what depression feels like and I knew that I was not depressed.

16. My first set of blood tests came back in August 2008, which showed I had low Thyroxine levels. This could have explained why I was feeling so lethargic and tired. I was prescribed Thyroxine medication but I did not feel as it was having much of an effect; I still felt tired and unwell.

17. In October 2008, I went back to the GP and told her that I did not feel the Thyroxine was making any difference. Further tests were carried out, including a liver function test. During this period, I remember one set of

blood tests being lost. On reflection, I am unsure whether my blood tests did go missing or if they were used to perform a HCV test.

18. I did not receive the results of my liver function test until just before Christmas. My GP called and told me that my results showed abnormal liver levels. She believed it was Fatty Liver Disease and made an appointment for me to have a scan. I led a very healthy lifestyle and I did not drink any alcohol; I was shocked that someone like me could have liver problems.

19. In January 2009, I had my appointment for the scan at Southmead Hospital. During the scan I could tell that there was some concern, as two nurses were whispering in the corner. I remember one asking me if I was diabetic, because my liver was very enlarged. I was surprised at this question, because I knew I was not diabetic and if I was it would have been shown on my medical notes. A few days after the appointment, I received a missed call from my doctor and the next day I asked and got an appointment to meet her.

20. At the appointment, the duty doctor asked me if I had anyone with me, which I did not. In a matter-of-fact manner, she then told me that she had received the results from my blood tests and scan, and she informed me that I was infected with HCV. This confused me, as no one had ever told me that I was being tested for HCV.

21. The doctor explained fully what HCV was. She immediately asked if I had ever received a blood transfusion and I informed her that I had received a transfusion 35 years earlier. The doctor told me that it was most likely this transfusion that had infected me with HCV. However, it was never explained in writing that this was the cause of my HCV infection.

22. I have never drunk much alcohol, being virtually a tee total all these years; had I been a drinker, HCV would probably have been revealed a lot earlier. As a result of the 35-year delay between the contraction of HCV and my diagnosis, by the time it was discovered HCV was severe.

23. I went back to the doctors' surgery the next day to see Dr Reavley who spoke to me in further detail about HCV. She set up an appointment with Dr Przemioslo, a consultant at Frenchay Hospital. I did not want to wait for the appointment with the NHS so I paid privately to see him quicker. He told me that I would have to have an ultrasound to see how bad the Cirrhosis caused by the HCV was. My liver count was around 14.9, which was quite high, and I was told I would need treatment.

24. Between February and April 2009, I had an appointment with the consultant Fiona Gordon at the Bristol Royal Infirmary, Hepatology Clinic, to discuss my treatment, which I later began in June 2009.

25. After I was told of my infection, I was provided with a newsletter that would come with hints and tips on how to stay well. The senior nurse I was in regular contact with was very well informed and if I ever had any questions he would always fully explain the answer to me.

Other Infections

26. To the best of my knowledge, I have only been infected with HCV. I am unaware if I have ever been tested for HIV but I now assume that I have.

Consent

27. I do not believe that I have been treated without my consent.

28. However, I do believe that I have been tested without my consent. I was never aware that a HCV test had been performed and therefore the test must have been conducted without my permission.

29. I also believe that I was tested for HIV. Nevertheless, I would have consented to both of these tests if I had been asked.

30. I have participated in researches relating to HCV infection with my full and informed consent (WITN0302003, WITN0302004, WITN0302005, WITN0302006, WITN0302007, WITN0302008).

31. In 2009, during the treatment for HCV, I agreed to participate in a PhD study on the effects of Interferon, by PhD student Louise Patterson and psychiatrist Dr David Christmas. My consultant at the time, Fiona Gordon, had informed me of the research and suggested me for the study.

32. The research was quite intrusive; I would meet with Dr Christmas once a month to discuss how I was feeling and my blood count would be regularly tested to check my progress. The research was particularly interested in how the treatment would affect my sleep, as well as my mood. At one stage, I had special electrodes on my head overnight and a blood test was taken first thing in the morning. I had to perform a facial observation exercise to determine if a person looked sad or happy.

33. Dr Christmas frequently asked me if I was depressed, which I was not, but I was anxious regarding the success of my treatment. I had been told several times that the treatment I was doing did not have a high success rate (not much over 50%).

Impact

34. Prior to the diagnosis, although I was generally fit and healthy, I was very tired and fatigued. I am unsure whether this can be attributed to the HCV or to my hectic life, looking after five children and working full time. After the treatment was completed and I had recovered, I did not experience the same degree of tiredness and fatigue that I had felt before but the effects of the treatment took a long time to fade and I suffered from anxiety.

35. Other than tiredness, the only symptom I ever experienced from HCV was that I could not take some Paracetamol based painkillers because they are not absorbed well by the liver. I noticed that it gave me indigestion, but I

never informed my GP, as I did not think it was a big issue. I just took other painkillers instead, such as Ibuprofen and Aspirin.

36. I am unsure as to how I would have felt if I had not been infected with HCV. I cannot say that mentally I was any different than perhaps I would have been had I not been infected. I did used to feel low from time to time and find life quite tricky but I am unsure as to whether this could be attributed to HCV or just to general life. I have always been an anxious person, even during my childhood, but I believe that HCV has worsened this. However, I am also a rational person and I try to deal with problems directly. Even during the treatment I never felt depressed; I tried to find a way through without feeling sorry for myself.

37. I am unable to say for certain if HCV physically or mentally impacted me. What I can say is that the treatment for HCV definitely affected me.

38. My treatment for HCV began in June 2009 and it involved a 48-week course of Interferon and Ribavirin, which practically wiped out a whole year of my life. The treatment included injections once a week and taking pills daily. I had delayed starting the treatment until after my daughter's wedding at the end of May 2009.

39. Before I began the treatment, I went to the outpatients' clinic at the Bristol Royal Infirmary and I saw specialist nurse Erik. He told me explicitly how bad the treatment would be, what it would entail and the low likelihood of a positive outcome. At the time, I described Erik's explanation of the treatment as depressing. However, I can appreciate that he wanted me to know the truth and have no misunderstandings surrounding the treatment.

40. I attended the same clinic throughout my treatment and I found my visits very stressful. Most of the people there had self-inflicted HCV through the use of drugs or tattoos, whereas my situation was very different. I resented being in a clinic with people who had self-inflicted HCV through the use of drugs. The clinic was very busy and my visit would often take up to two

hours. My experiences there were very negative and I spoke a lot about them at the time.

41. When I first received the treatment to administer at home, I was shown once how to inject; I remember they used an orange to show me how to do it. I thought I would receive my first injection at the hospital but I was told that some patients reacted so badly, feeling very unwell and displaying flu-like symptoms, that it was important to administer the treatment at home.

42. The side effects of the treatment were not easy (WITN0302009). My immune system was wiped out to kill the virus. I lost a lot of weight and became very thin, as I could only eat a very limited diet. Food tasted very odd as did coffee (my favourite drink!). I lacked a lot of sleep during this time; particularly on the nights I received the injections. I also had very bad skin rashes when I began the treatment. After a while, the side effects of my treatment did begin to settle down.

43. I managed to continue working full-time throughout my treatment. The doctor had suggested that this would not be manageable and offered to sign me off work and to write letters to my employer if it became too difficult for me. Despite being advised by many people not to work during the treatment, I believe work was my salvation; otherwise I would have spent all my time thinking about how dreadful I felt. It got me out of bed in the morning and I knew my colleagues would help me if I had any problem.

44. Although I was able to continue to work throughout my treatment, I did have to reduce my workload. Prior to the treatment, I was performing both a personal assistant and admissions role and my workload became beyond bearable when my treatment began. I therefore had to stop doing the admissions part of my role. Although this did not affect my salary, I liked doing admissions and had it not been for the HCV treatment, I could have continued with that role for a bit longer.

45. I did not talk about the treatment very much, but I was often questioned as I looked very unwell. I never took anybody with me to my appointments at the clinic. My husband is a person who would not cope well with the sort of pressure in that situation. I thought it was easier just to focus on myself and not have the stress of anyone else there.

46. My family were very understanding and had I wanted to discuss the treatment with them I could have done it, but I did not want to talk about it at the time. I did find it difficult telling my family as I did not want to face it myself and I wanted to protect them. I did not like the fact that they had to GRO-C and I felt it was difficult for them.

47. Around the time I started my treatment, my children and husband were all GRO-C, except my second oldest child who did not GRO-C until he returned from travelling. He feared that his insurance rates would sore if he simply GRO-C and that his year travelling would have to be delayed; he did not want to GRO-C

48. Although I was told that HCV was not likely to be sexually transmitted and I was always careful with cuts and open wounds, I worried about my children and husband after my diagnosis. Most of my children did not feel that they were at a high risk, except my first child who was concerned that she had been infected over the years. My family were very sympathetic and thankfully none of my family GRO-C

49. Nowadays I feel that the risks they were subjected to whilst I had HCV are only now apparent. The outcome could have been disastrous if they had become infected. Also, the healthcare professionals I encountered for more than 30 years were all at risk from treating me and for being in contact with me.

50. Once my diagnosis was out in the open, I found things much easier. I told my extended family, friends and work colleagues when I began treatment. At the time, I was in correspondence with members of the Hepatitis C Trust

who warned me to be careful of how I told my work of the diagnosis. They raised concerns over me potentially being discriminated against due to my infection. However, I did not want to hide my diagnosis and my colleagues were all very supportive.

51. I finished the treatment in May 2010. Approximately six months later, I had an appointment to have further blood tests. The doctor informed me that I could have a liver biopsy but it was not compulsory. However, I requested the biopsy and it was performed in November 2010; I then received a letter saying that the results were ok.

52. I was told that I would be contacted regarding a follow-up appointment in 2 years time. However, I never received any calls. I phoned up to tell the hospital that I had not heard from anybody and they booked another appointment for me. Before this appointment blood tests were carried out. (My GP did offer to carry out the tests for me, instead of going back to Bristol Royal Infirmary). During the appointment I had a scan and I found the doctor to be quite dismissive; he said that he could tell there was not a problem.

53. From a reassurance point of view, I think I should continue to be checked yearly. I am aware it is quite costly to do the tests and I believe this may be a reason for the lack of follow-up by the hospital. I remember I was told several times how much the treatment was costing when I was receiving it.

54. I do not believe that my dental care was affected by my HCV diagnosis. My long-term dentist retired and I changed to a new one in a different practice. I told her about the infection and treatment but she seemed not to be concerned and said that barrier methods were used for all patients. I was not treated any differently to any other patient.

55. I do not believe the HCV diagnosis affected me financially and I do not feel I have faced any stigma due to my infection. I am aware that there is a lot

of ignorance surrounding HCV, with people still unaware as to what it means or how it is contracted, but I have never felt any stigma against me.

Treatment/Care/Support

56. The only difficulty I have faced in obtaining treatment for HCV was the delay between receiving my diagnosis and getting an appointment with the consultant to discuss the treatment. The wait for starting the treatment impacted me psychologically because I knew that HCV was not easily curable and having to wait six weeks to see somebody was tricky. We therefore paid privately for an earlier appointment. I was lucky because we were able to pay.

57. I was never offered any alternative treatment to Interferon and Ribavirin.

58. I was offered a form of psychological support by the liver consultant, Dr Przemioslo, when I went to go to see him for a second time. He encouraged me to use the hospital's support service and gave me an address, which he believed I would find useful. I phoned up for an appointment because I thought I had to go as part of the treatment.

59. The appointment was in an advice centre and it was located in an area of the city centre known for drugs, with an ex-drug addict who had been infected with HCV through his drug use. The support he offered was clearly for ex-drug addicts and not for people in my situation. He had no conception of my position; I had not self-inflicted HCV, I did not feel guilty and I did not need to be told about the financial help that others might have needed. He also tried to pressure me into telling my family of my infection. It was the least helpful experience for me and both my husband and myself felt as the NHS could have offered better support.

60. My monthly meetings with Dr Christmas, although partly for the purposes of research, did provide some psychological support. The doctor asked me

if I wanted to take some anti-depressants (Citalopram) during the treatment and suggested that I stop pushing myself to work.

61. Dr Christmas had also suggested that my general wellbeing would benefit from attending Cognitive Behavioural Therapy after the end of the treatment. I went to two or three sessions but I did not find it beneficial.

62. I was offered no other psychological support but had I been, I would not have taken it, as I do not believe it would have helped me.

Financial Assistance

63. I was made aware of the Skipton Fund first by my dentist who was also a family friend, and later by Dr Fiona Gordon. I found the application easy to understand and I completed it myself. The GP signed it off and filled in any parts, which I could not complete.

64. The application required the applicant to provide evidence of their infection. I was lucky that I had kept my maternity notes which was sufficient proof of my blood transfusion. However, I imagine some people would struggle to provide this kind of evidence.

65. Between 2009 and 2010, I received £20,000 from the Skipton Fund.

66. Skipton Fund later contacted me and I began to receive monthly payments of £333. I did not have to apply for these payments. I also receive winter fuel payments once a year.

Other Issues

67. In terms of my expectations from the Inquiry, I would like an admission of negligence from the Government, in particular an acknowledgment that more was known than what was admitted post-1989 and that there is some regret about what has happened.

68. Although I am for all intent and purposes cured, I feel that people's lives have been severely affected by this and it is those people who deserve justice. I am a big supporter of the health service and I consider myself very lucky, but I am cross and disappointed for other people who were given blood and their lives were subsequently destroyed. I do not feel that enough was done when the problems were discovered.

69. The risks to the general population who came into contact with infected people, who were unaware of their condition, have been ignored

70. I would also like the general public to have a better knowledge regarding what happened, what led to so many people being infected with HIV and HCV. Although I am aware it is in the public domain, very few people I encounter know about the Inquiry and I believe that the general public should be better informed of something that has affected so many people.

Statement of Truth

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

Signed GRO-C

Dated 03-05-2019