

Witness Name: Michael Murray

Statement No: WITN1945001

Exhibits: WITN1945002 – WITN1945020

Dated: 12 November 2019

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**EXHIBIT WITN1945010**

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# ROYAL DEVON AND EXETER HEALTHCARE NHS TRUST

Dr K George  
Consultant Gastroenterologist  
Torbay Hospital  
Lawes Bridge  
Torquay  
TQ2 7AA

KIDNEY UNIT



Direct dial:  
Fax no:

GRO-C  
GRO-C

Typed 30th January 2001

Our ref: MB/RH 28 47 548

Dear Dr George

Mr Michael Murray **GRO-C**  
**GRO-C**

Thanks for your letter about this gentleman with a renal transplant who is Hepatitis C positive. I am not sure of the precise reason why his GP has asked for a review by yourself but it may be that Mike has requested a second opinion. I have copied his GP in on this letter so I sure he will be able to throw more light on the reason for the referral.

In response to your questions, it became clear he was Hep C positive on screening in 1995, his RNA for Hepatitis C by PCR was positive. He was referred to Reuben Ayres by my colleague, Anthony Nicholls, and I enclose copies of that correspondence. I haven't seen Mike myself recently, but he is on infrequent follow up and as far as I can determine is keeping fairly well. Obviously the use of interferon in this situation would pose a significant risk to his transplant, which being a third graft would certainly make future management difficult. He has got excellent kidney function with a creatinine of 101  $\mu\text{mol/l}$ . He has got excellent kidney function with a creatinine of 101  $\mu\text{mol/l}$ . He doesn't seem to have had any recent liver function tests done, but there hasn't been any obvious decline in these over the last few years. I hope this is helpful, if you need any further data, please don't hesitate to contact me. I think intervention and the natural history of Hepatitis C in patients with transplantation and on dialysis is difficult. It is clearly not a new disease, but is something we have become more aware of since we have screened for it. We are in fact using a lot less in the way of blood transfusions now than we used to 20 years ago and I don't recall very many patients over that period of time developing end stage liver disease. I presume this is a consequence of the relatively slow progressive nature of this condition and sadly many of these patients die of cardiovascular complications long before liver disease manifests itself as a serious problem.

I am obviously very happy for you to review Mike as his GP has requested it and look forward to your thoughts.

Yours sincerely

**GRO-C**

Martin Seaman  
Consultant Physician & Nephrologist

cc: Dr R Fanning, Parkhill Medical Practice, Park Hill Road, Torquay TQ1 2AR

Royal Devon & Exeter Hospital (Worford) Barrack Road Exeter: EX2 5DW Tel: (01392) 411611

Chairman: Professor Ruth Hawker OBE Chief Executive: Angela Padden

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