

Witness Name: Gerald Lowe

Statement No: WITN0763001

Exhibits: **WITN0763002 - 4**

Dated: 2 April 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GERALD LOWE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 March 2019.

I, Gerald Lowe, will say as follows:

Section 1. Introduction

1. My name is Gerald Lowe. My date of birth is GRO-C 1945 and my address is known to the Inquiry. I reside near Manchester and have lived in the same house since the events set out in this statement. I am a retired insurance broker. I have a son, Paul. I intend to speak about my wife, Naseem Akhtar Lowe. In particular, the nature of her illness, how the illness affected her, the treatment received and the impact it had on her and our lives together.

Section 2. How Affected

2. My wife, Naseem, was born on GRO-C 1948. We were married on 15 July 1972. Naseem died on 1 July 2004 as a result of chronic Hepatitis

C (HCV) leading to cirrhosis of liver due to being given infected blood when our son Paul Lowe was born. She was 55.

3. On [GRO-C] 1981 Naseem gave birth to our son Paul. The birth was at the Hope Hospital, Salford (now the Salford Royal Hospital). The birth was by an elective caesarean operation. I was present in the theatre at the birth, leaving the theatre shortly afterwards. Naseem had lost two pints of blood during the caesarean operation. As a result, the Consultant Obstetrician and Gynaecologist, Mr. [GRO-D] gave Naseem a blood transfusion of 2 units (pints) of blood. I was not aware of the transfusion until after the event, having left the operating theatre by that stage.
4. I attach as Exhibit **WITN0763002** a copy of a letter from Mr [GRO-D] to Naseem's GP, Dr. Brian Sides dated 12 October 1981 confirming the transfusion.
5. It is my considered view that the loss of two pints of blood was not in any way life-threatening and, in the context of the operation and the resulting blood loss, the transfusion was unnecessary. In medical terms, a loss of 20% of blood volume is classified as a "Class 2 Haemorrhage". A haemorrhage of this magnitude does not usually require a blood transfusion. Accordingly, it is my belief that my wife's blood transfusion was, at the very least, contrary to accepted medical practice at the time.
6. I do not believe that Naseem was given any information or advice about the risk of being exposed to infection. I was certainly not advised of any risk or given any information.
7. I am unaware of any express consent that my wife gave for the blood transfusion. If my wife had been made aware of the full facts, I do not believe that she would have given consent.
8. The letter from Mr. [GRO-D] dated 12 October 1981 also refers to the fact that whilst my wife's abdomen was healing "quite nicely" following the Caesarean, he felt it looked a "bit red" and hence he arranged for some

heat therapy. He notes that unfortunately Naseem developed burns as a result, which delayed her departure from hospital.

9. This is correct, but the burns were caused by the heat lamp being left on too long. We commissioned a report from a plastic surgeon who confirmed that the burns were caused by negligence and took legal action against the hospital. The action was successful and Naseem was awarded damages of £1,000 in 1983. The fact that Naseem sustained this injury reinforced our opinion of the sub-standard treatment to which Naseem was subject. Aside from this aspect, Naseem was otherwise in good health when she was discharged from Hope Hospital.

Section 3. Other Infections

10. I do not believe that my wife received any infection or infections other than HCV as a result of being given infected blood.

Section 4. Consent

11. Whilst I do not believe my wife was treated without her knowledge or consent, as I indicated earlier, I believe that if Naseem had been given adequate or full information as to the risk of contracting HCV she would not have consented to the transfusion given the circumstances I have described.

Section 5. Impact

12. The next significant date is February 2004 when Naseem had a test for diabetes following a suspected thrombophlebitis in her left leg (an inflamed vein resulting from a blood clot). She was seen at Hope Hospital. The test was negative for diabetes as her blood sugars were normal. A heart murmur was detected for which she was prescribed medication, but this was not a concern. What was, however, a concern was the fact that she was jaundiced.

13. Naseem was under the care of Dr. Bernard Clarke, Consultant Cardiologist and Dr. Chris Babbs, Consultant Gastroenterologist. I attach as Exhibit **WITN0763003** a letter from Dr. Clarke to my wife's GP, Dr. Michael Moore, copied to Dr. Babbs dated 23 March 2004 which sets out Naseem's medical condition at that time. I should mention that Dr. Moore was well known to us as a friend of the family.
14. As referred to in that letter, Dr. Clarke was sufficiently concerned about Naseem's jaundice that he telephoned Dr. Babbs that evening and made an appointment for my wife to see him the following day. In the meantime, Dr. Moore had seen the liver function test referred to and telephoned us with the information that although he knew that neither I nor my wife drank, the results clearly indicated cirrhosis of the liver. I recall he said that if it wasn't for the fact that he knew it was Naseem's test, he would suppose it was "George Best's liver" we were dealing with. In other words, the liver was severely diseased. I think at this stage Dr Moore may have mentioned the possibility of HCV.
15. My wife had a scan the following Friday at the Bupa Hospital, Whalley Range. Following that scan, we were given the devastating news that Naseem had cirrhosis of the liver caused by HCV and that it was at such an advanced stage it was inoperable. I recall the expression used was that Naseem's liver was "90% gone". A liver transplant was out of the question due to the presence of secondary cancers. Following this diagnosis, we sought a second opinion, travelling to the Queen Elisabeth Hospital in Birmingham, which was then the leading hospital for liver disease in the country, to see Professor Elias. The earlier diagnosis was confirmed.
16. I have been asked whether we were provided with adequate and timely information about Naseem's condition when it was diagnosed. I believe that was the case. However, it is important to note that at this stage, no direct connection had yet been made to the blood transfusion during the caesarean in 1981. Indeed, the letter from Dr. Clarke to which I have

referred notes only "No recent transfusions". I cannot exactly recall when we were informed of the HCV infection but it was sometime in March 2004.

17. I was made aware at the time of a relatively new drug, Interferon, to treat HCV. This was not made available to my wife on the basis of both the advanced stage of her condition and, I believe, possible cost considerations. My wife was prescribed Tamoxifen in the hope that this drug might slow down the progression of the disease and to alleviate pain. It did not.

18. I cannot over-emphasize the devastating effect the diagnosis and my wife's illness had on me and the family. It was a traumatic experience, which I have no desire to relive. I recall that we had a visit from the local hospice in March 2004. Whilst no doubt well intentioned, their attempted intervention merely exacerbated the acute pain and mental suffering the family was experiencing. [REDACTED] GRO-C [REDACTED] GRO-C [REDACTED]. This pain is exacerbated by the anger I continue to feel that warnings since the mid-1970s about the dangers of contaminated blood were disregarded. There were also suggestions about evidence of a cover-up at a high level.

19. Naseem died on 1 July 2004, barely three months after the diagnosis. She had been relatively well and coherent up until the time of her death. On the evening before her death, Naseem had been coughing up blood and it was clear she was suffering internal bleeding. I called the GP, Dr. Moore, and he came round. Naseem died peacefully early the following morning. The doctor inadvertently left my wife's medical file at the house, which I retain to this day.

20. My son's future wife's graduation from Durham University fell a few days after my wife's death. Wishing very much to support my son, I attended the ceremony as, I am sure, Naseem would have wished. My sister-in-

law, Halima Sands dealt with registering Naseem's death. I now attach as Exhibit **WITN0763004** a copy of the death certificate.

21. I wish to draw attention to the cause of death certified by Dr. Moore and that it specifically states "Chronic Hepatitis C". I understand from my sister-in-law, Halima, that there was an issue at the time about whether to state the exact information supplied by Dr. Moore as to the cause of death insofar as it referred to Hepatitis C. I am given to believe the Registrar rang the Coroner in my sister in law's presence and said "Can I put this on?" a reference to the cause of death. Two days following Naseem's death, the Local Area Health Authority contacted the GP's surgery asking for my wife's medical file to be forwarded to them. It was not forwarded as even at that time I felt it was important to ensure her records remained safe and at no risk of "loss" or "destruction". Her file remains in my possession.

Section 6. Treatment/Care/Support

22. I am asked whether my wife faced difficulties or obstacles in obtaining treatment, care and support in consequence of being infected with HCV. I would say that she did not.

23. I am also asked whether counselling or psychological support was ever made available to either my wife or me in consequence of what happened. It was not, but equally given the timescale between my wife's diagnosis and her death, Naseem did not seek such support. I did not feel it necessary to seek such support after my wife's death. I have not had any interaction with any of the support groups which have been established.

Section 7. Financial Assistance

24. Within a relatively short period after my wife's death I was made aware of the Skipton Fund. I cannot now recall how I became aware of their existence. It may well have been as a result of my own enquiries. I applied to the fund and on 26 January 2005 I received the one-off basic ex gratia payment of £20,000 paid in respect of contracting HCV as a result of an infected blood transfusion. I encountered no particular difficulty with the process of applying for financial assistance. Indeed, given the cause of death on my wife's death certificate, I had the necessary evidence to hand and hence the process was uncomplicated.

25. I applied for and received further payments from the Skipton Fund.

26. I also found out about the Caxton Foundation in 2014. Despite being a recipient of payments from Skipton, no information was provided advising me of the establishment of the Foundation in 2011 or that I was potentially eligible for payments from Caxton as I had received The Skipton payments. I receive an annual winter fuel allowance of around £500 from Caxton. However as of last year that payment has now stopped as it is means tested. In addition, I received a one-off payment of £10,000 on 3 March 2017. The payments from Caxton are means-tested and the sums are such that they do not have any material impact on my standard of living.

27. As far as I recall, no preconditions were imposed on the making of an application for, or the grant of, financial assistance from either the Skipton Fund or the Caxton Foundation.

28. Whilst I have no particular comment on the adequacy of the various payments and understand that, legally, they were made on an ex gratia basis, it is my observation that, in reality, they represent at the least an expression of guilt on behalf of the relevant authorities, akin to "blood money".

Section 8. Other Issues

29. There are no other issues to which I wish to refer, relevant to the Inquiry's investigation.

30. I would, however, very much like to give oral evidence to the inquiry to amplify the content and concerns raised in my statement.

Statement of Truth

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

Signed _____ GRO-C

Dated 5 - 4 - 2019.