

Witness Name: Catherine Hadaway

Statement No: WITN1259001

Exhibits: WITN1259002 - 3

Dated: February 2019

## INFECTED BLOOD INQUIRY

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### FIRST WRITTEN WITNESS STATEMENT OF CATHERINE HADAWAY

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I, Catherine Hadaway will say as follows:-

#### Section 1. Introduction

1. My name is Catherine Hadaway. My date of birth is the GRO-C 1968 and I live at GRO-C. I live with my partner and our 14-year-old daughter. I am currently employed as a Bank Manager.
2. I write this statement on behalf of my late husband, Stephen Hadaway, who was born on the GRO-C 1968. He died at the age of 27 on the 27/04/1996, from kidney failure and Hepatitis C (Hep C) related liver failure. We married in June 1995.
3. This witness statement has been prepared without the benefit of access to my late husband's full medical records. If and in so far as I have been provided with limited records the relevant entries are set out in the medical chronology at the end of this statement.

## Section 2. Affected

4. Stephen suffered from Haemophilia A, and he was diagnosed at birth.
5. I met Stephen in 1987 when we were both at university and I recall that he was treating himself with Factor VIII (FVIII) blood products. He self-administered FVIII and he was treated at the hospital. However, I believe that he was treated with FVIII before we met. Unfortunately, I am unable to provide an exact date as to when he first received FVIII.
6. From birth Stephen was treated at Royal Victoria Infirmary, Newcastle (RVI) until 1987, when he moved to Sheffield to study. He then attended Royal Hallamshire Hospital, Sheffield (RHH) until he died in 1996. His treating doctors were Dr Peter Jones and Dr Mike Makris.
7. I do not know if he was provided with any information beforehand in relation to the risks involved in using FVIII.
8. Stephen was infected with HIV and Hep C as a result of being treated with FVIII. I also believe that he was infected with Hepatitis B (Hep B). Copies of the blood tests results are exhibited at **"WITN1259002"**.
9. I am not sure how Stephen found out about his HIV status, but I believe he was told in or about 1986. I am not sure what information was provided about the infection. I cannot say if adequate information was provided to understand and manage the infection. However, after reviewing Stephen's medical records, I believe that he should have been told in 1985 when his first blood test came back positive.
10. In or about 1994 when we were already engaged, Stephen had to make a decision as to whether or not to have a liver transplant. He asked me for my opinion and at this point I found out about his Hep C. He always tried to keep the infections to himself because he wanted to live a normal life.

11. I do not know what information was provided to him in relation to Hep C and if any information was provided to him about how to manage it. I am not sure whether he was provided with adequate information.

12. Stephen attended most of his appointments on his own, so I do not know what was said in his appointments. He never made a fuss about the infections and did not always discuss what was talked about in the appointments.

13. I believe he was provided with information at some point about the risks of others being infected as a result of the infection. Stephen was open with me in this regard and told me that there was a risk of transmission. We were therefore always very careful.

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

14. I do not know if Stephen contracted any other infections other than HIV, Hep B and Hep C.

### **Section 4. Consent**

15. It is possible that Stephen was tested or treated without his knowledge, consent, without being given adequate or full information. As previously stated at paragraph 8, blood tests for HIV were done in 1985. I believe that Stephen would have been told about his results had they obtained his consent.

16. I believe Stephen took part in a trial in relation to HIV. A copy of the research consent form and letters between doctors and patient are exhibited at "WITN1259003". However, as previously stated, Stephen kept most of the discussions that he had with the doctors to himself.

### **Section 5. Impact**

17. Stephen's condition affected him greatly. He told me that he was very frightened when he was first told as he was quite young.

18. When we met in 1987 I believe that he had come to terms with his infection and I believe he was managing it well. However, he never talked about his infections, which makes me believe that it was very difficult for him. I believe when he was diagnosed with cirrhosis it caused him a lot of mental distress. He was extremely frustrated and angry about the whole situation. I recall Stephen punched through a window in our home out of frustration.
19. Stephen wanted to pursue a degree, but he was initially refused because he had a lot of absences from college. However, the RHH intervened and wrote to the university explaining the situation. He eventually pursued the degree in civil engineering. I do not believe he told anyone about the infections at university because of the stigma that was attached. He was worried about what people would say, so he kept it very private.
20. The infections did cause a lot of stress and anxiety at his place of work. He worked as a civil engineer. He did not tell anyone at work about the infections because of the stigma that was attached to the infections and he was worried that he would lose his job. I do recall Stephen missing hospital appointments because of his career. I believe it was because his job was demanding and he wanted to live a normal life. He only attended the hospital if it was deemed necessary.
21. In or about 1995 Stephen started to show severe anxiety and he was prone to panic attacks. He was very withdrawn and had problems sleeping and because of this he was very exhausted during the day, which made his work life very difficult. I believe this was because of the Hep C infection.
22. I believe as a result of the HIV infection he developed skin rashes, warts and throat infections and as a result of the Hep C he developed cirrhosis. He decided to have a liver transplant in 1995 at King's College Hospital, London and I believe he was one of the first haemophiliacs that was infected with HIV and Hep C that had a liver transplant. It was not a guaranteed procedure and the prognosis was unclear because of his haemophilia and HIV. After the transplant, he did return to work. However, in August 1995 his liver rapidly deteriorated and he was forced to quit.

23. I believe he was treated with Interferon and Ribavirin for the Hep C and AZT, Cortisone, Dapsone and Fluconazole for the HIV. I do not know if he faced any difficulties or obstacles in accessing the above treatments. I am not aware whether there were treatments which ought to have been made available to Stephen.

24. The treatments that Stephen had affected him physically. I recall he complained of ongoing headaches, anaemia and he had difficulties sleeping. However, I cannot confirm what treatment caused the above symptoms.

25. I believe the infections impacted our relationship. We tried to live a normal life. We were a newly married couple and we talked about having children. We both were aware that there was a risk involved for all of us and therefore decided that it was best that we did not try for children.

26. The infections also had an effect on me. I never told anyone about the infections other than my mother and brother and I found that difficult. I was too afraid to tell my father, so we therefore kept it to ourselves. It was tough, as all we wanted to do was live a normal life.

27. I took a lot of time off work to support Stephen and care for him from when we met until he died. I suffered acute stress when Stephen had his liver transplant and I was off on sick leave. I did not tell my employers about Stephen's infections, but told them about his liver transplant. They were very supportive.

28. I was still off sick after Stephen's death as I was unable to cope. I had a number of consultations, which did help. I returned back to work at the end of May 1996. I was training to be a bank manager at the time I enjoyed my work and it allowed me to keep busy.

## **Section 6. Treatment, care and Support**

29. I do not know if Stephen was offered any treatment for the HIV infection before we met.

30. I believe the RHH did whatever they could to provide Stephen with the care and support that he needed.

31. I am not sure whether Stephen was offered any counselling or psychological support at any point.

32. I was not offered any counselling.

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

33. I believe that Stephen received a monthly payment from the Macfarlane Trust. However, I do not know how much he received or when he started to receive it. I do not know if he had any problems applying for the financial assistance.

34. I believe he was involved in a litigation claim. Unfortunately, I do not have any further information about it.

35. I made an application to the Skipton Fund after Stephen passed away. I believe Stephen's brother told me about it. I made an application for the Stage 1 payment and received a sum of £20,000. I also applied for the Stage 2 payment and received a sum of £50,000. I received both payments in 2012.

36. Applying for the Stage 1 payment was straight forward. However, when I applied for the Stage 2 payment the application process required a lot of information from Stephen's medical records. I therefore had to revisit all the documents that I had and go back to the Haemophilia Centre and have everything signed.

37. In or about 2016 I also received a sum of £10,000 as a bereavement payment.

### **Anonymity, disclosure and redaction**

38. I confirm that I do not wish to apply for anonymity and that I understand this statement will be published and disclosed as part of the Inquiry.

39. I do not wish to give oral evidence at the Inquiry.

**Statement of Truth**

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

Signed. GRO-C

Dated 11/2/19.

## MEDICAL SUMMARY

(This summary is not intended to be exhaustive but sets out key points in the records relevant to the Statement)

### Virology Results

27/02/1985	HTLV III Antibody: Negative
01/07/1985	HTLV III Antibody: Positive
19/12/1988	HBs Ag – Anti HBs – NT Anti HBc –
29/03/1989	HBs Ag – Anti HBs – NT Anti HBc – (Vaccination indicated)