

Witness Name: Nigel Terence O'Shaughnessy

Statement number: WITN5532001

Exhibits: WITN5532002-006

Dated: 15 June 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF NIGEL TERENCE O'SHAUGHNESSY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 April 2021.

I, Nigel Terence O'Shaughnessy, will say as follows: -

Section 1. Introduction

1. My name is Nigel Terence O'Shaughnessy. My date of birth is GRO-C 1938. I live in GRO-C Hampshire and my full address is known to the Inquiry. I remarried 5 years ago and I live with my wife. I am retired.
2. I intend to speak about my late first wife Maria Luisa O'Shaughnessy and her infection with Hepatitis C (HCV). In particular, the nature of her illness, how the illness affected her and the impact it had on her and our lives together.
3. I confirm that I am not legally represented and that I am happy for the Inquiry to support me in providing my witness statement.

Section 2. How Affected

4. My wife Maria was born on 05 July 1925. She had no major operations or procedures until 1968 when she had a hysterectomy performed at the Southampton General Hospital. This operation was required as they had found a growth in her womb.
5. In around the early 1980s, Maria required another major operation, this time a thyroidectomy. This was performed at the Royal South Hants Hospital in Southampton. She also had a number of eye operations over the years, but these were never significant enough to warrant a blood transfusion.
6. Around 5 years or so after the thyroidectomy was performed, Maria seemed to suffer from general debilitation in the form of weakness and fatigue. There were no notable symptoms to begin with, but over the years she seemed to feel more and more tired and weak.
7. Maria had a dress shop which was opened in 1974, and Maria loved working there. She would work at the shop during the week, and on the weekends, we would enjoy an active social life with our friends. However, as Maria became more and more fatigued over the years, our weekend entertainment stopped as she wanted to rest and recover over the weekend, so she would be able to work at the shop during the week.
8. Although we would occasionally have friends over at the weekends, this was pretty limited and it was definitely a noticeable change in our social lives, as we had always had such an active social life before she started feeling unwell. At the time I just thought that It was down to Maria becoming older and being unable to do as much as she had done previously.
9. Although Maria had continued working throughout this period of her increasing weakness and fatigue, in 1993 we gave up the dress shop as

the landlord required us to sign a 12-year lease if we wanted to stay in the premises, and we knew we would not be able to manage the shop for that much longer, as Maria was already 70 years old by then.

10. As Maria had worked in the dress shop for 20 years, I do think it had always given her something to focus on, and she had put aside how she was feeling to get on with her work. After she stopped working, her health seemed to deteriorate further and she gradually became quite debilitated.
11. As Maria was feeling quite unwell, she visited her GP Dr [GRO-D] at Hedge End Medical Centre every 3 months or so. She explained that she was feeling unwell and fatigued, but she was never given a diagnosis or told what the problem was. I don't even think Dr [GRO-D] ordered any tests for Maria, and she just told her it was signs of old age.
12. At the time I felt I couldn't knock Dr [GRO-D]'s diagnosis and believed Maria's symptoms were just a sign of old age. We both liked Dr [GRO-D] and she was very personable, but looking back I do feel that Maria's symptoms were written off as age related without appropriate diagnostic tests being conducted first.
13. I'm not sure exactly why Maria was eventually referred to see a consultant, but she saw a number of consultants over the years. We saw a German doctor at the Royal South Hants, whose name I can't recall, and I remember he said that antibodies are like soldiers in a fort and in Maria's case, the soldiers had been let out of the fort to fight the infection, but now they were not returning back to the fort and instead were fighting among themselves. I thought this analogy was very good. Although he was able to identify an issue with her antibodies, I don't think he knew why this was happening.
14. After being under the German doctor's care for about 3 months or so and seeing him twice, Maria was referred to see Dr [GRO-D] at Southampton General Hospital, and saw him every 3 months or so for

some time. He also took a long time to find out what was wrong with Maria, but eventually his registrar had suggested testing Maria's blood for infections, which he did. After Maria had a blood test, we were told that she had an infection of the blood. This was about 2 to 3 years after seeing Dr [GRO-D] for the first time.

15. Although Dr [GRO-D] may have told us that Maria had HCV, I don't recall this and just always knew she had a blood infection. He was a very nice doctor and seemed good, so I assume he did mention hepatitis at some stage although I cannot be sure. It is only after I had seen some of the Skipton Fund application material more recently that I became aware that Maria's blood infection was actually HCV.
16. Dr [GRO-D] asked Maria about any operations she may have received as it had been suggested by his registrar that her condition may be related to this. She told him about the hysterectomy operation in 1968 and the thyroidectomy operation in the 1980s. As Maria's health and general wellbeing seemed to deteriorate about 5 years after the thyroidectomy, I thought that her infection was likely to be linked to this operation.
17. At the time I thought that Dr [GRO-D] also felt that a transfusion she received during the thyroidectomy was likely to have been the source of her infection due to this timeline. However, looking at the Skipton Fund application he completed on Maria's behalf, he actually seemed to think she had become infected in 1968, during the hysterectomy operation. It is very sad to think that Maria could have been living with HCV since 1968.
18. At the time that Maria was diagnosed with HCV, I remember Dr [GRO-D] telling me to be mindful not to accidentally cause our blood to mix if Maria or I cut ourselves or had an accident. Other than this, I don't recall being given any other information about HCV or the risks associated with it.
19. Maria was not given any advice to drink less alcohol, although she never drank much anyway. We were not told that we had to declare her HCV

to her dentist or when applying for insurance or anything like that. Looking back, I don't think we were given enough information about HCV and what this diagnosis meant and how to manage the risks associated with the infection. My current thought is that any information should be given in hard copy rather than just verbally communicated.

Section 3. Other Infections

20. I am not aware if Maria was tested for HIV or any other infections. We were not made aware of this by Dr [GRO-D].

Section 4. Consent

21. My understanding is that Maria signed standard consent forms prior to both operations she had. I would help her with these forms as she was Spanish, and her English was not as good as mine. As far as I remember, these consent forms just asked her to confirm that she understood and accepted any risks associated with the operations.

22. I don't recall anything specifically being mentioned about blood transfusions and the associated risks of this in the consent form, but I assume these general consent forms covered the potential need for a blood transfusion.

23. I do not recall Maria being asked for consent before being tested for HCV.

Section 5. Impact

24. After Maria was diagnosed with HCV (which I just understood at that time to be an infection of the blood) nothing really changed in terms of her care. Although we were glad to finally know what was wrong after many consultants had failed to diagnose her, she was not offered any new

treatment or medication and nothing really changed despite this new diagnosis.

25. As I mentioned above, Maria's health deterioration was a very slow process, and over about 30 years it just slowly became worse and worse and she became increasingly fatigued and weak. In my own head I had always put it down to old age, and I never thought that a blood transfusion could be the cause of it.

26. I don't know why I had never made a link between her ill health and a blood transfusion, but it just never occurred to me. Looking back, maybe I should have done more research and looked for more information, but at the time I felt like her doctors were good and knew what they were doing. Even if I had done my research, I'm not sure if it would have made a difference for her and that is the coat hook that I hang my hat on.

27. Over the years, Maria became less and less able to do things independently. Maria worked in our dress shop, and although this did tire her out, she continued working until we closed the shop in 1993. Until then, I think she had suppressed a lot of her symptoms as she had a purpose when working at the shop, and wanted to make sure she could keep doing this. However, when the shop closed, she lost her purpose and her health seemed to deteriorate further.

28. Maria suffered from a number of urine infections and other unknown infections. The urine infections were actually quite scary as it caused her to hallucinate a lot. I remember she woke me up at 3am to tell me that the cast of East Enders were in the other bedroom, and asked me to make them all a cup of tea. These infections became more and more frequent over the years, and we were able to tell when she had an infection quite easily.

29. I believe that the loss of our dog in 2002 also affected Maria's health. Although she was keen to get another dog, at the time I did not think it

was a good idea as I did not want the dog to outlive us, and we wanted to be able to travel without worrying about a dog.

30. Even after her health had started to deteriorate, Maria was able to walk with the dog despite feeling quite weak, as the dog was obedient. Maria would even take the dog to the shop with her up until it closed. I think the dog dying did cause her health to deteriorate further as it really broke her heart.
31. As our GP Dr [GRO-D] kept putting down Maria's ill-health to old age, I never really questioned it and I wasn't sure why she was being referred to various consultants. Looking back, Dr [GRO-D] missed something by putting everything down to age.
32. Even prior to her diagnosis with HCV, Maria would spend a lot of time in bed as she was so tired. As I have mentioned, she would struggle a great deal with urine infections, and looking back it is likely the HCV was linked to this, as there is a link between the kidneys and the liver.
33. Maria also struggled a great deal with confusion and not being clear in her mind, which I always attributed to the urine infections. However, looking back, it is likely that the HCV could have been linked to a lot of these symptoms that I had always put down to other things.
34. I'm not entirely sure when Maria was diagnosed with HCV, but it was quite some time after she had first seen Dr [GRO-D]. I now know from Skipton documents that she had a liver biopsy in 2007, but I cannot recall if she was diagnosed around this time or later on.
35. Close on 40 years we were ignorant of her condition and even then, we were not given the full details. We now know that the transfusion of infected blood which was given to her in 1968 caused her HCV, but we were completely unaware of this until after 2007. Even after her diagnosis, she would not see Dr [GRO-D] that regularly and would mainly visit her GP when she needed to.

36. There was no change to Maria's care despite this diagnosis and we never really had much communication with the doctor about HCV and what it meant. I would have liked to have an open line of communication with the doctor, as often you forget to ask questions when you are at the appointment and you just have information thrust at you. There was often a lot of medical jargon used, and I didn't really understand what it meant.
37. It would have been nice to be given a piece of paper with information about what HCV was and what it meant. Nowadays, you get an information sheet to take home with you and you can refer back to it, but we didn't get anything like that at the time. I was just worried about the day to day situation and whether Maria would be able to walk out of the doctor's room unaided, so I really didn't think to do my own research or ask questions. In hindsight, we should have been given more information about HCV.
38. In the last few years of her life, Maria became very weak. She was so unwell that I would have to spend most of my time caring for her, and I became her recognised carer, receiving a carers allowance too. I eventually started suffering from a lack of sleep which became quite dangerous for me, and I nearly reached the point of exhaustion.
39. I eventually managed to get some help with Maria's care from social services, as I realised I was becoming quite unwell. Even though it was only a few hours a week, it helped me recover. We were old school and just got through these difficult times as best we could.
40. While I was caring for Maria, I was able to run up our stairs in just one second if she needed me. In the last 10 years of her life, we had to ring the ambulance service at least 6 to 8 times which was a lot more than normal.
41. Maria suffered from a lack of oxygen in her blood and on one occasion when I was away for a weekend with friends, she suffered a very severe

nose bleed. Some friends who were looking after her took her to A&E and she ended up having to stay in hospital for a week. It was clear there was some underlying health issue, but we just didn't understand it at the time. I wonder now if this was linked to the complications of HCV.

42. Although we had wanted to travel in our old age and visit Spain where Maria was from more often, she was just not well enough to do this. We managed to go to Spain twice in a 10-year period, but we really wanted to travel far more. Dr GRO-D advised us to go on a cruise and enjoy ourselves, but she was never well enough to do this and her health was on a general downwards slope until she passed away.
43. We were also worried about Maria potentially needing to be hospitalised abroad and how the care would be. As we were travelling in Europe we never needed to apply for travel insurance as we had EHIC cards, but we had never been told to declare HCV when applying for insurance and probably wouldn't have known to do this even if we had applied.
44. As I mentioned earlier, Maria's health basically meant we ended up having no social life and eventually saw very little of our friends. We would go out to do a bit of shopping and things like that, but that was the extent of it. Our lives completely changed from what they had been.
45. Maria was in and out of hospital for the last 3 years of her life. I was happy with the consultants that Maria saw and at the time did not think they could have done anything more for her. I felt that the service she received from the NHS was as good as anyone could expect, however, looking back I wonder if she should have been offered more treatment options and why this was never discussed with us.
46. Towards the end of her life when Maria was in hospital at Southampton General Hospital, I felt that the nursing care she received was poor. For example, I told the nursing staff that Maria was allergic to morphine, but they still gave it to her on a few occasions. I'm not sure if this allergy was

caused by the HCV or a natural allergic reaction, but it caused her to hallucinate.

47. I remember Maria saying that after being given morphine she had hallucinated about being at a Chinese wedding where the bride only had one leg. On another occasion, she had fallen out of bed in hospital, having climbed over the bed side-rail whilst hallucinating. This was quite scary to be on the receiving end of. I would try to bring her back to normal, but whether you succeed or not is another question. I just tried to do my best to support her.
48. I also recall in the ward where Maria was before she passed away, there was a hole in a wall which caused a cold draft, and a mattress on the floor underneath it with a patient lying on it. The next day I tried to patch up the hole with some cardboard, but it was taken down. I felt like it was the bed a patient was placed in when they were dying, and when Maria was towards the end, that is where she was put.
49. It felt like the nurses were using the Liverpool care pathway, and I was never asked about resuscitation or anything like that. I was never able to discuss it with Maria, but when the time came it did feel like she had reached the end of her life. She passed away on 12 February 2012 at the Southampton General Hospital.
50. Maria was 86 years old at the time of her death, and I just put her death down to old age and natural causes. Her death certificate listed pneumonia, uncontrolled kidney impairment, uncontrolled atrial fibrillation, valvular heart disease, cognitive impairment, peripheral vascular disease, postural hypertension and falls as her causes of death. (WITN5532002). It does not mention HCV. I was never aware of any form of heart disease, and this had never been discussed with me. I was never aware any of these conditions.

Section 6. Treatment/Care/Support

51. As far as I am aware, Maria was never offered any treatment for HCV, and we were not made aware that medication was available. In hindsight, maybe I should have asked about treatment options. I just recall her taking thyroxine, following part of her thyroid being removed in the 1980s. She was certainly never given any medicine to take home with her in relation to the HCV.

52. If the medical profession had treatment available that could have improved Maria's health, they should have offered it to her. I am not a medical man so I don't know if treatment would have made a difference to her, but if it would have done and she wasn't offered it, her GP should have their backside kicked. Or it was a mistake between the hospital and the GP with regards to lack of treatment for her HCV infection. I wonder if it was a bit of an 'old school' thing going on, whereby they thought treatment was uneconomical or impractical for someone of her age.

53. Maria was never offered any counselling or psychological support. However, I don't believe she was ever depressed, and she was quite content with her life. She loved working at the dress shop and it gave her a sense of purpose.

54. I do not recall Maria having any issues with dentists in terms of being refused dental treatment, as we were never asked to declare her HCV to the dentist. She did not have any problems with the eye operations she had either.

Section 7. Financial Assistance

55. When Maria was told that she had an infection of the blood which I now know as HCV, Dr [GRO-D] asked Maria about any major operations she may have had which required a blood transfusion. When she told him about the hysterectomy and the thyroidectomy, he attributed her infection to the blood received during one of these operations. I am now aware he thought that it was linked to the hysterectomy. (WITN5532003)

56. Dr [GRO-D] told us that we should make an application to the Skipton Fund for financial assistance, and gave us all the details in relation to this. I recall that we applied and had no joy, and when we went back to see Dr [GRO-D] 6 months later and told him we had no luck with the application, he was irate and said he would write to the Skipton fund and sort it out.
57. Dr [GRO-D] wrote to Nicholas Fish of the Skipton Fund on 28 January 2011 and said that he was 'puzzled' about the statement there was not enough evidence that Maria had received a blood transfusion, as he had provided the specific date of the transfusion during the hysterectomy as well as transfusion unit numbers. He wrote, "I really can't understand how much more specific I could possibly be that this lady got her hepatitis C virus as a result of a blood transfusion." He also reminded them that he had provided the transfusion unit numbers. (WITN5532003)
58. Following this intervention from Dr [GRO-D] in 2011, Maria received the initial Skipton Fund payment of £20,000, as well as regular payments until her death, which were paid every 3 months. She died in February 2012 and the payments stopped after March.
59. Although I cannot exactly recall knowing much about a second stage payment application, I am aware that an application was made by Dr [GRO-D] on Maria's behalf for this second stage payment. There had been discussion between Dr [GRO-D] and our GP Dr [GRO-D] about this (WITN5532004) where he even wrote, "I am happy to say that she has got her 20k from the Skipton Fund although they haven't given her the extra supplement yet for having cirrhosis so hopefully she will be able to sort this out fairly soon."
60. Although the Skipton Fund did receive supporting evidence for the second stage payment from Dr [GRO-D], which said that Maria had cirrhosis of the liver (WITN5532005), there appeared to have been some mix up with the application form and this did not progress any further.

(WITN5532006) I was oblivious to the communication surrounding this at the time.

61. A letter from Dr [GRO-D] dated 23 June 2011 makes mention of the fact that in 2007 Maria had a liver biopsy which did not show cirrhosis at that stage but showed active inflammation and fibrosis. However, her diagnosis in 2011 of cirrhosis was based on the results of her non-invasive markers. Dr [GRO-D] states in his letter, "I am quite confident that there is more than a 99% specificity that she has cirrhosis on the basis of these test results and are experienced." (WITN5532005)

62. I was not really kept in the loop about this second stage payment and I was more concerned about Maria's deteriorating health by mid 2011, as she was very unwell by this stage. I am aware that the Skipton Fund has been replaced by the English Infected Blood Support Scheme (EIBSS), and I am considering making an application for this second stage payment on Maria's behalf, even if it is just to donate to charity.

Section 8. Other Issues

63. Up to now, I believe the Inquiry has been very good and I am happy with my experience so far. I would like to be kept in the picture and updated as far as possible with Inquiry news.

64. Not knowing that Maria had HCV all those years, I suppose ignorance was bliss! We were good then slowly everything was going downhill. I remember Dr [GRO-D] saying that life slopes off and when you reach a certain age, it slopes off more dramatically. If Maria hadn't had this infection I am sure she would have got a lot more from life and we would have been able to travel but she just couldn't do it. We were limited by her health when otherwise we could have been unlimited.

65. I hope that if there is anything I would like to leave as a legacy of my involvement with the Inquiry, going forward information is given to patients in a hard copy, written in a way that the average person can understand. We are a multi-cultural society and this also needs to be produced in different languages. I hope this will help some other patients in the future.

Statement of Truth

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

Signed GRO-C

Dated 15TH JUNE 2021.

Document reference number	Description	Date
WITN5532002	Death certificate of Maria O'Shaughnessy	15 February 2012
WITN5532003	Letter from Dr GRO-D , Consultant Hepatologist to Mr Nicholas Fish of the Skipton Fund	27 January 2011
WITN5532004	Letter from Dr GRO-D , Consultant Hepatologist to Maria O'Shaughnessy's GP	09 May 2011
WITN5532005	Letter from Dr GRO-D , Consultant Hepatologist to the Skipton Fund	23 June 2011
WITN5532006	Letter from Shane Baker, Senior Scheme Assistant at	21 July 2011

	the Skipton Fund to Dr GRO-D, Consultant Hepatologist	
--	---	--