

Witness Name: Peter Hamilton
Statement No. WITN4197001
Exhibits: WITN4197002- WITN4197004
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PETER HAMILTON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 May 2020

I, Peter Hamilton, will say as follows: -

Section 1: Introduction

Question 1

1. My name is Peter John Hamilton MA BM,BCh,FRCP FRCPath. My address is

GRO-C

 My date of birth is

GRO-C

 1942.
2. My professional qualifications are: (BM,BCh Oxford) August 1968; M.R.C.P (UK) 1971:M.R.C.Path. 1974; F.R.C.P. 1983; F R C.Path 1987

Question 2

3. I held a Consultant Appointment as Haematologist to Royal Victoria Hospital Newcastle upon Tyne from 1st Jan 1978.
4. I was appointed as a Consultant Haematologist after registrar and senior registrar training in Aberdeen in General Medicine, Gastroenterology and Hepatology and training in clinical and laboratory haematology. As a Consultant at the Royal Victoria Infirmary I had an extensive clinical remit looking after patients with

haematological malignancies and was involved along with a colleague in setting up a bone marrow transplant service.

5. I was also involved in clinical support and cover for the Director of the Newcastle Haemophilia Centre and his team of nurses, physiotherapist, social worker and the secretariat. With the support of the Nurse Specialist I ran a weekly outpatient session for Haemophiliacs in particular reviewing those with HIV and Hepatitis C at 4 monthly intervals. I attended the weekly Haemophilia Team review when clinical and social problems of our patients were reviewed. In April 2000 the Director of the Haemophilia retired and in addition to my general haematological duties I was interim director until his replacement assumed his responsibilities in January 2001.
6. On 16th Oct 2002 I retired from all clinical work.

Question 3

7. I was an intermittent attendee at United Kingdom Haemophilia Centre Doctors Organisation meetings during the time period 1 January 1978 to 16 October 2002.

Section 2: Responses to criticism of witness W1521

Question 4

8. Given the long passage of time since the events in question I now have no memory of seeing this patient. I note that Witness W1521 was unable to prepare his statement with access to the clinical record. I myself have access to a letter dated 22nd January 2001 sent to patients who were enquiring about whether they had been exposed to a therapeutic product which could have been contaminated with the prion that causes vCJD (**NTHT0000006—002 supplied to me by the Inquiry**) but no record of the consultation that would have ensued. I have at last obtained from the Newcastle University Hospitals Trust copies of letters I wrote to his general practitioner on 16th February 1999, 24 April 2001, 28th March (copied 4th April) 2002. Otherwise my comments below are based purely on my memory of what would and would not have been usual practice.

9. I note that Witness W1521 recalls a consultation with me when I told him he had received therapeutic concentrate prepared in part from donated blood from a blood donor who subsequently went on to develop vCJD, (previously called bovine spongiform encephalitis or BSE or mad cow disease). Once it had been announced publicly that some Haemophiliacs had been in receipt of this product I recall that considerable concern was generated in the Haemophilic population and the Centre telephones were besieged by worried patients wanting to know if they had received this potentially contaminated product.
10. In general, we in the Comprehensive Care Centre always dealt with our patients and their families in as informal, relaxed, comforting and reassuring a way as we could, directly addressing and answering their queries head on. The secretaries and nursing staff were very familiar with our patients and were empowered to talk to, and help, the patients as much as they possibly could and when necessary to pass more difficult enquiries to our nurse specialist, social worker or the medical consultants.
11. We were adamant that patients should not be told over the phone if they were on the list of those who had been given potentially vCJD infected concentrate. We contacted all our Haemophiliacs who had phoned us, whether they had received the contaminated batches or not. They were asked to arrange an appointment to sit with the nurse specialist and myself to discuss if they had or had not been exposed to the potentially contaminated concentrate and how the patient should go forward in the light of such knowledge. Once the patients arrived at the Haemophilia Centre they were managed as though they were attending a usual follow up appointment.
12. It will be noted that at Paragraph 15 of his statement, Witness W1521 reports that he received a booklet the size of a doorstep before coming to his appointment. This cannot be true. At the time of his appointment there was no information available other than what I outlined in my letter. The deliberations of National Committees dealing with the implications of this potential contamination had not been reported by the time I retired in Autumn 2002.
13. Patients can sometimes react badly to news given to them at a consultation but we felt the presence of a specialist highly experienced nurse and a medical practitioner would allow any distress to be dealt with promptly. There was never any need to

have 'guards' present at any such consultation. In the 24 years of my medical career I never had or needed guards to be present during a consultation unless the patient was a convicted prisoner accompanied by warders.

14. It appears from the witness's recollection there were prison warders present in the waiting room who would have been handcuffed to a prisoner. These guards would certainly not have been posted outside the Consultation Room in connection with my consultation with the witness. It's possible that the guards were dismissed when the reason for the prisoner's consultation had concluded, i.e. results had become available. The guards would have been dismissed to clear the waiting room and such action was wholly unrelated to the witness's consultation.
15. Counselling patients who had a batch of the potentially vCJD contamination was not easy. Because there was no test for the infectious agent, it was not known if the therapeutic batch was contaminated and if it was contaminated if the batch would transmit the agent to the patient and cause infection. As I recall, there was some evidence that the steps involved in preparing concentrate from whole blood would ensure the infectious agent would be excluded from the therapeutic fraction of plasma subsequently administered.
16. There is no reason to believe that anyone infected by Hepatitis C (or HIV) from contaminated blood, would (unless they were in an at risk group) be already pre infected with the contaminating virus. However, the situation with vCJD is different. vCJD infection is transmitted by eating contaminated beef and it is likely therefore given the ubiquity of infected cows in the UK in the past and beef being part of most humans' diet, that the UK population is at risk of developing vCJD, irrespective of whether we receive a transfusion of this potentially contaminated therapeutic product.
17. I am very sad to read the Witness's comment in Para 17 that 'he (Dr Hamilton) was more concerned by his own safety more than my own health.' I firmly refute this.

Question 5

18. I note that Witness W1521 was tragically infected with Contaminated Blood Product.

19. I apologise if I was 2 hours late for a consultation. If such an unfortunate wait had occurred, the Haemophilia staff would have taken care of him. This would have allowed him to share his concerns and worries with empathetic staff probably including the Social Worker.
20. As a caring physician it pains me to have caused mental anguish and hurt to any of my patients and I ask that Witness 1521 understand the context in which he accuses me of 'grilling' him. The North East of England has one of the highest rates of alcohol consumption per head in the Country and many of our patients drank more than the recommended number of units of alcohol per week. The effects on the liver of drinking alcohol in patients infected with hepatitis C has been likened to the effect of throwing kerosene on a smouldering fire. It is important therefore that anyone looking after patients with Hepatitis C take detailed and repeated alcohol histories and emphasise the need for sobriety.
21. I am, and was, aware that there is a tendency for patients to underestimate their actual consumption and it is all too easy for the worried and stressed patient to use alcohol as a prop. The purpose of asking probing questions would have been to make the patient self-aware of the dangers of alcohol use and most importantly bring to light any other health or social issues that needed addressing.
22. In my letter of the 16th February 1999 to Dr [GRO-B], his GP (WITN4197002), I state: "he is not drinking any alcohol other than the very occasional glass of wine with his parents and he does not go to the pub". In my letter of 24th April 2001 to Dr [GRO-B] (WITN4197003) I state "this young man is almost certainly enjoying life too much, aged 22, eating and I think drinking too much. He is indulged by his parents and he indulges them". Later in this letter I state "...I tried to get him to cut back alcohol to an absolute minimum. However he told me quite firmly that he lives for today".
23. On the 28th March 2002 (copied 4th April 2002) I wrote to Dr [GRO-B] (WITN4197004): "He" ([GRO-B]) "has lost a stone in weight probably because he is not drinking alcohol at the moment".
24. I am pleased that alcohol has never been a feature of his life.

Section 3: Other Issues

No other issues.

Statement of Truth

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

Signed _____

GRO-C

Dated _____

11th September 2020.

Table of exhibits:

| Date | Notes/ Description | Exhibit number |
|--------------------------------|---|----------------|
| 16 th February 1999 | Letter from Dr Hamilton to Dr GRO-B (W1521's GP) | WITN4197002 |
| 24 th April 2001 | Letter from Dr Hamilton to Dr GRO-B (W1521's GP) | WITN4197003 |
| 28 th March 2002 | Letter from Dr Hamilton to Dr GRO-B (W1521's GP) | WITN4197004 |