

Witness Name: Professor  
Graham R Foster  
Statement No: WITN3042007  
Dated: 27 November 2023

## INFECTED BLOOD INQUIRY

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### THIRD WRITTEN STATEMENT OF GRAHAM RUSSELL FOSTER

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I, GRAHAM RUSSELL FOSTER, will say as follows:-

1. I am Professor Graham Russell Foster (dob GRO-C 1959) of GRO-C,  
GRO-C I trained in medicine in  
Oxford (BA - 1980) and London (MB BS-1983) and was awarded a  
PhD in London in 1989. I am a fellow of the Royal College of  
Physicians.
2. I make this statement to respond to allegations made by witness  
W7268 and witness W7403 regarding the care of their mother,  
Lorraine Sharon Davage, who I will refer to as Mrs L Davage in this  
statement. In responding I have accessed the medical notes relating  
to Mrs L Davage's final admission to The Royal London Hospital.
3. I am sorry that we were not able to prevent Mrs L Davage's premature  
death but, having reviewed the medical records I do not believe that  
anything further could have been done to save her life.

4. I note that witness W7268 alleges that I treated both her and Mrs L Davage 'like guinea pigs' and that witness W7403 alleges that I used Mrs L Davage like a "test dummy" and as a "case study to advance [my] career ambitions".
5. I believe these allegations emanate from the clinical trials in which both Mrs L Davage and witness W7268 enrolled. To put this into context, the Liver Unit at Barts Health NHS Trust, is an internationally recognised centre for research into liver diseases and patients are offered opportunities to participate in clinical research. This is in line with NHS England recommendations that patients should be offered participation in clinical trials, if they so wish.
6. All patients who enrol in clinical trials do so voluntarily and it is the practice of the Liver Unit at Barts Health to make clear to patients that irrespective of whether they participate in clinical trials, or not, this will not affect the care that they receive. This is in line with national and international recommendations.
7. All patients who participate in clinical trials are obliged to read, understand and sign a patient information sheet which has been approved by a properly constituted ethics committee. Patient information sheets always make clear that participation in clinical trials is voluntary and that there is no expectation of participation.
8. Given the preceding paragraphs, I do not accept the allegation that either witness W7268 or Mrs L Davage were treated 'like guinea pigs' or "test dummies". Both were offered the opportunity to participate in clinical research and freely consented to do so. Participation in clinical trials has been shown to provide benefits for patients and is offered to

them in line with NHSE recommendations. Clinical academics, such as myself, are judged on a range of quality metrics that do not include the number of people enrolled in clinical studies and I do not accept the allegation that patients are offered opportunities to participate in research to further the career of myself or any member of my team.

9. I note also that witness W7268 makes allegations that I did not respond to correspondence from Mrs L Davage. I am sorry if communication was not ideal but it is my practice to respond to queries from patients. For example, WITN7403004 confirms that I emailed Mrs L Davage on 14 October 2008 to apologise in response to an email from her in which she complained about inadequate communication from me/the hospital.
10. Witness W7268 and witness W7403 also allege that Mrs L Davage was told that she was on the transplant register when this was not the case and that during her final hospital admission I did not properly inform Mrs L Davage and the family of her clinical condition.
11. The medical records for Mrs L Davage indicate that she was transferred from her local hospital to The Royal London Hospital, in Barts Health NHS Trust, on 30 May 2012. She had end stage liver disease and decompensated cirrhosis. Prior to this transfer, the notes available to me do not indicate that there was an opportunity to consider liver transplantation. During her admission, of nearly 2 months, Mrs L Davage was managed by a number of different liver consultants, myself included. It is our practice to rotate consultants from ward duties to avoid unduly extended periods of high intensity work and therefore patients admitted for long periods of time will usually be managed by several consultants.

12. Mrs L Davage's ongoing care was managed during her final hospital admission by myself, Dr Paul Kooner and Dr Richard Marley. There are records of conversations with the liver transplant team at The Royal Free Hospital. Numerous other consultants from the Intensive Care Unit, Renal Medicine, Metabolic Medicine and Palliative Care were involved in her care.
13. I do not intend to provide a detailed review of Mrs L Davage's care in this statement but it is clear from the notes I have considered that throughout her admission she was extremely unwell and the strategy of all of those caring for her was to allow her to recover sufficiently to allow a liver transplant assessment to take place.
14. Liver transplantation is a major operation and it is rarely successful in people who are very unwell and, in particular, in people with on-going infections. For this reason, the procedure is not offered to people who are too sick to survive the operation. It is clear from the medical records relating to her final admission that Mrs L Davage was never well enough to be listed for a liver transplant operation but the medical records indicate that this possibility was continually discussed with the liver transplant team at The Royal Free Hospital. For example, an entry on 22/6/2012 records a conversation between Dr Kallis (a transplant physician at The Royal Free Hospital) and the liver team at The Royal London Hospital.
15. The day following admission to The Royal London Hospital an entry in the notes from Dr Bailly indicates that he had a conversation with Mrs L Davage's brother and that liver transplantation was discussed and the notes indicate that he was told that the procedure would not be offered without extensive assessment and a number of additional tests. Sadly, Mrs L Davage was never sufficiently stable to be

transferred to a transplant centre for evaluation for transplantation.

16. During her hospital stay Mrs L Davage developed sepsis, a severe biochemical derangement of the blood (a very low serum sodium concentration), gross fluid overload, kidney failure and an inability to protect her own breathing requiring a period of support on the intensive care unit.
17. There are a number of entries in the medical records indicating that the seriousness of Mrs L Davage's condition was discussed with her and family members and the option of discontinuing treatment and adopting a palliative care approach was considered. For example, on 14/7/2012 Dr Marley records that Mrs L Davage had multi-organ failure but that she wanted to continue active treatment.
18. An entry in the notes on 20/7/2012 signed and written by myself records a meeting with the family at which it was explained that the priority of care for Mrs L Davage was now to 'keep her comfortable'. Shortly after that conversation the Liverpool Palliative Care Pathway was introduced. This is a clinical pathway that prioritises patient comfort and seeks to avoid procedures and interventions that will be unduly stressful for the patient and that are unlikely to materially affect the clinical outcome. It is intended to allow patients who have no possibility of survival to die with peace and dignity.
19. In a complex, rapidly evolving clinical scenario with multiple sources of information and multiple family members talking to different members of the clinical team miscommunication can easily occur and I am sorry that Mrs L Davage's family believe that they were not adequately informed about the decisions that were made. However, the clinical notes indicate that the family were informed about the

option of transplantation but that the need for further tests and evaluation was also explained and there is no documentation suggesting that Mrs L Davage was listed for liver transplantation nor that anyone was ever informed that she had been placed on the transplant waiting list.

20. It is the practice of The Liver Unit at Barts Health to keep all family members informed of the progress and clinical status of their relatives. I am sorry that, in this instance, some family members believed that they were not adequately briefed by the medical team. We will reflect on this and introduce changes to our communication strategies to further improve our interactions with relatives of those patients who are very unwell.
21. In the light of the above comments I reject the criticism that I did not do enough for Mrs L Davage and left her to die. Throughout her final hospital admission, the notes clearly show that multiple health care professionals worked collectively to prevent Mrs L Davage's death and it was only when it was clear that survival was impossible that the clinical priority turned to keeping her comfortable and allowing her to die in peace and with dignity.

### **Statement of Truth**

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

Signed: 

<b>GRO-C</b>
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Dated: 27 November 2023