

Witness Name: Professor Charles Richard
Morris Hay

Statement No.:
WITN3289198

Exhibits: Nil

Dated: 19.7.23

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHARLES RICHARD MORRIS HAY

I provide this statement in response to a notification under Rule 13 of the Inquiry Rules 2006 dated 22 August 2022 in relation to the criticisms of Witness W4465, in a statement dated 2 December 2020, sent to my legal representatives in late August 2022.

I, Professor Charles Richard Morris Hay, will say as follows: -

Section 1: Introduction

1. Professor Charles Richard Morris Hay MBChB MD FRCP FRCPath

Consultant Haematologist Manchester Royal Infirmary since December 1994.

Director Manchester Adults Haemophilia Comprehensive Care Centre since December 1994

Professor of Haemostasis and Thrombosis.

Senior Lecturer in Haematology Liverpool University and Director Liverpool Haemophilia Centre, Royal Liverpool Hospital 1987-1994.

Director UK National Haemophilia Database since 2002.

Member UK Haemophilia Centre Doctors Organisation (UKHCDO) Regional Committee from 1987 and then Advisory Committee since 2007 (when the committee name changed).

Vice Chairman UKHCDO 1997 to 2005.

Chairman UKHCDO 2005-11.

I have already provided a copy of my Curriculum Vitae to the Inquiry.

Section 2: Responses to criticism of Witness W4465

2. I am responding to this criticism without access to the medical records because at the time of writing, Witness W4465 has not responded to the Inquiry's request for his permission for me to refer to those records. The Manchester Haemophilia Comprehensive Care Centre (Adults) is based in Manchester Royal Infirmary. This was the third largest Haemophilia Centre in the United Kingdom. It is now the second largest with >2500 patients with bleeding disorders registered. When I arrived in December 1994, I was the only consultant specialising in adult Thrombosis and Haemostasis in the North-West Region, assisted by a part-time clinical assistant, Dr Monica Bolton. We now have four consultants with this specialism. In 1994, we had three Haemophilia Nurses, one of whom also did counselling and went into the community. There were no clinical research staff. There were no joint clinics and no formal liaison with any other supporting specialism or profession allied to medicine, such as physiotherapy. All the follow-up clinics were conducted in the Haemophilia Centre without any junior staff support. There was no internal training rotation for junior staff so they spent all their time treating leukaemia. I was on call 1:1 i.e. 365 days a year except when away or on holiday.
3. In the first year, I introduced an internal training rotation for junior staff so that we had a registrar attached to thrombosis and haemostasis most of the time. I introduced weekly multidisciplinary meetings and arranged for Physiotherapy input for our patients. I rapidly established joint clinics for Orthopaedics and subsequently joint HIV clinics and joint obstetric clinics and later joint adolescent clinics with the paediatric service. Liaison with Hepatology was close throughout this period but not formalised around a clinic. As we acquired more consultants specialising in Thrombosis and Haemostasis, first in 1999 and then in 2003 and in 2018, the patients were reallocated among the consultants.
4. This statement and that of the witness was prepared without access to the patients' notes, as detailed in paragraph 2. However, I remember him well, partly because of his various formal complaints. He had an openly distrustful approach, a reluctance or inability to accept what he has been told in clinic, and an unhappy demeanour. This reluctance or inability to accept what he had been told undoubtedly had an adverse

effect on his management (for example his refusal to accept prophylactic Factor 9 therapy, which is the normal standard of care) and his relationships with the Haemophilia Centre team as a whole. It also led to a number of unjustified formal complaints to the hospital administration.

5. Witness W4465 was tested for HIV in 1985 by Dr Wensley and for hepatitis C by Dr Guy Lucas in 1992. Dr Lucas informed him of the result of his test at the time, as far as I recall.
6. I did not see Witness W4465 in April 1994 as he has stated, this being about 8 months before I took up post.
7. I do recall that, possibly at our first consultation, he asked to know what viruses he had been exposed to. I thought this was rather an odd question, given that he had, according to his medical records, already been informed of his viral status by my various predecessors. I listed his viral antibody results ending the statement with "as you already know". My concern that there was an ulterior motive for his question was reinforced when he promptly denied that he had been informed of his HCV, despite documentary evidence to the contrary. I note that his statement says that the question was suggested by his friend (deceased) another member of campaigning Manor House Group.
8. Witness W4465 is probably correct in stating that the Haemophilia centre staff attitude towards him was "defensive". This is unfortunate but understandable given his repeatedly expressed scepticism about what he had been told, and formal complaints which misrepresented what had been said to him or made it clear that he did not believe what had been said to him. Under such circumstances, it is impossible to establish the two-way relationship of trust that we seek with all our patients.
9. An example of this is that, after extensive counselling about treatment side-effects, we eradicated his hepatitis C using Ribivarin and Interferon. This was routine treatment and was not experimental and he was certainly not "a guinea pig" as he has suggested in his statement.
10. He did not have to pay for his treatment, as he states, but did have to pay prescription charges. Whilst I would have liked to spare him this, given the iatrogenic nature of his HCV, it was not in my gift. He has, as he states, never really accepted that the HCV eradication treatment worked. He had a fairly miserable time with side-effects for the

duration of this treatment, as is sadly generally the case.

11. He subsequently made various formal complaints to the hospital, including complaining about the side effects of treatment and stating that HCV eradication treatment had been a waste of time because he was still using plasma-derived Factor 9, suggesting he would get re-infected. He complained that I would not give him recombinant Factor 9 because it was too expensive.
12. In fact, I had had several lengthy consultations with him prior to and following treatment. He had been fully informed of the common and often severe side effects of treatment and he had been reassured that after successful treatment he should not relapse. He has never really accepted this. He had been reassured at length about the viral safety of the Factor 9 concentrates in use at that time and it had already been explained to him that although we were campaigning to change patients to recombinant Factor 8 and 9, the Department of Health would not, at that time, pay for it and so I was unable to prescribe it even if I wanted to. I don't think he believed me. He left me with the impression that he felt I had made a personal decision to deny him this product.
13. Shortly after this we were joined by a further Consultant Haematologist, Dr P Bolton Maggs and in the rearrangement of responsibilities that followed this, Witness W4465 came under her care.

Section 3: Other Issues

14. None

Statement of Truth

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

Signed

GRO-C

Dated 19th July 2023.