

Witness Name: Dr Neil McDougall

Statement No.: WITN3322002

Exhibits: WITN3322005

Dated: 18 December 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3322005



Belfast Health and Social Care Trust

caring supporting improving together

The Liver Unit
Royal Victoria Hospital
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East Wing
Graemore Road
Belfast
BT12 6BA

Consultants
 Dr Neil McDougall, Consultant Gastroenterologist/Hepatologist
 Dr Ian Cadden, Consultant Hepatologist
 Dr Jonathan Cash, Consultant Hepatologist
 Dr Roger McCorry, Consultant Hepatologist
 Dr Conor Braniff, Consultant Hepatologist
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GRO-C	Dr McDougall's Secretary	Miss Mary Bright
	Dr Cadden's Secretary	Mrs Teresa Gault
	Dr Cash's Secretary	Mrs Siobhan Miskelly
	Dr McCorry's Secretary	Mrs Emma Chapman
	Dr C Braniff's Secretary	Ms Grainne McCartney

Hospital No: RV 84/004361
 H&C No.: 606 013 0801

Date: 07/12/2018

DR I W MCNEILL
 CITYVIEW MED
 WATERSIDE HC
 SPENCER ROAD
 LONDONDERRY
 BT47 6AH

Dear DR MCNEILL

RE: **MR EDWARD FRANCIS CONWAY, D.O.B. [REDACTED] GRO-C3958**
[REDACTED] GRO-C

Diagnosis:

1. Chronic hepatitis C genotype 1B (awaiting treatment to commence December 2018)
2. Haemophilia A
3. Liver cirrhosis confirmed on Fibroscan 28 November 2018
4. HCC screening with ultrasound and alpha fetoprotein requested through Altnagelvin Hospital (Dr Ferguson)

Thank you for speaking with me on 7 December 2018. As I explained, Belfast Trust has received a complaint from Mr Conway's sister regarding various aspects of his care. The complaint will be dealt with as swiftly as possible through the Complaints Department but there was one area that Mr Conway's sister raised that I am keen to deal with as soon as possible so that it does not cause Mr Conway any concern.

Mr Conway's sister said in her email that when I was telling Mr Conway about his diagnosis of cirrhosis I also mentioned liver cancer. She says they were left with the impression that he has a small tumour in his liver and that nothing is being done about it. This is definitely not correct and I am keen to have this corrected as soon as possible.

I told Mr Conway that he has evidence of liver cirrhosis and therefore we should enrol him in a screening programme for an ultrasound and alpha fetoprotein blood test every six months. This is because patients with liver cirrhosis are at risk of developing tumours within the liver. The risk is only in the region of 1% per year but it is sufficient to make screening worthwhile. I also told Mr Conway and his sister that if we do screening and find small tumours then we can consider treatments but that if the tumour is very large, treatment cannot be carried out.

I fully understand that this can be very upsetting for Mr Conway and his sister to hear about given that Mr Conway's brother died from liver cancer within the past year. However we carried out an ultrasound on the day of Mr Conway's visit (28 November 2018) and I can confirm that the ultrasound did not show any evidence of a lesion within his liver. I sent Mr Conway and his sister a copy of my clinic letter and it mentions this fact but they may have missed this.

I am very grateful to you for your assistance in helping to reassure Mr Conway and his sister that at present we do not have any evidence of a tumour in his liver.

Kind regards

Yours sincerely

Dr Neil McDougall MD FRCP (Ed)
 Consultant Gastroenterologist/Hepatologist

/MGB

MR EDWARD FRANCIS CONWAY H&C: 606 013 0801

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