

Witness Name: Brian Patrick Corbett

Statement No: WITN3961001

Exhibits: 0

Dated: January 2020

**INFECTED BLOOD INQUIRY**

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**FIRST WRITTEN STATEMENT OF BRIAN PATRICK CORBETT**

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I, Brian Patrick Corbett will say as follows:-

**Section 1. Introduction**

1. My name is Brian Patrick Corbett. I was born on GRO-C 1956 and I live at GRO-C I am a retired GP.
2. My wife, Deirdre Ann Corbett (born on GRO-C 1956), was infected with the Hepatitis C Virus (HCV) from contaminated blood products. She died from multi-organ failure having developed septicaemia and infective endocarditis on 8<sup>th</sup> September 2007, aged 51.
3. This witness statement has been prepared without the benefit of access to Deirdre's full medical records.

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## Section 2. How Affected

4. Deirdre had a very complex medical history. She developed Glandular fever in her late teens and, probably as a consequence of this, she developed sick sinus syndrome for which she had a pacemaker fitted and placed on betablockers.
5. As an Acting Charge Nurse working at the Royal Infirmary in Edinburgh in the A&E Department, Deirdre was kicked in the stomach by a diabetic patient in a hypoglycaemic state. The incident would, I believe, have taken place in 1977 or 1978. She developed severe pain and attended A&E herself. She saw the medical team there and was discharged the same day on analgesia. Three or so days later, Deirdre developed an acute abdomen which necessitated a laparotomy and bowel resection due to devitalised intestine secondary to sepsis. There was a lot of uncertainty at that time as to whether Deirdre would survive.
6. During this time (and over the course of the next couple of years because she then developed sudden anaemias), Deirdre was given blood products to include blood transfusions and fresh frozen plasma.
7. I met Deirdre in 1983 when I came to Edinburgh to watch Ireland play Scotland at rugby. She was by then largely recovered but the incident prevented her from taking a permanent role as Charge Nurse as she could not be exposed to any further risk of injury.
8. Over the next 15 years, Deirdre had more surgery performed at both the Royal Infirmary Edinburgh and at South Cleveland Hospital Middlesbrough (now James Cook University Hospital) and North Ormsby Hospital (now closed), under the care of Dr Frank Walker (deceased). As a result Deirdre lost a considerable amount of her intestine. Later, Deirdre developed renal failure as a result of a recurrent renal stone due to hyper-absorption of oxalate. In 2006 she had both kidneys removed at the James Cook University

Hospital (JCUH) under Mr Hindmarch and was placed on dialysis under Dr David Reaich at JCUH also.

9. It was some time during the work up to the renal transplant that Deirdre was confirmed to be HCV positive. I do not recall exactly when it was that we were told Deirdre had HCV but it was in the latter years of her life and she received a Stage 1 Skipton Fund payment. Prior to that we were completely unaware and never, for example, advised to use barrier contraception. Deirdre was angry that the infection had not being picked up much earlier.
10. I liked to donate blood every six months or so, but I had no idea I could have been exposed to HCV. It meant other people could have been at risk. I was advised to stop donating blood and have not done so since.
11. A liver biopsy demonstrated low-grade disease but it was felt that with the anti-rejection drugs needed as part of a transplant, the hepatitis could become fulminant. We were advised against a transplant without first clearing HCV and the team would not have done it in any event. Deirdre commenced the antiviral treatment and two months developed septicaemia, thought to be related to the immunosuppression treatment side effect. She developed infective endocarditis which lodged on her pacemaker wires and she died 5 days later from multi-organ failure.
12. I do not believe Deirdre was ever warned of the risks of infection when she had the blood transfusions and the blood treatment products. I do not think she would have had them had she been warned of the risks.

### Section 3. Other Infections

13. I do not believe that Deirdre was infected with anything other than HCV.

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#### **Section 4. Consent**

14. I do not believe Deirdre to have been treated or tested without her knowledge and consent. I do not believe Deirdre to have been treated or tested for the purposes of research.

#### **Section 5. Impact of the Infection**

15. Deirdre and I were aware of the scandal surrounding the products, the defective sourcing of blood and blood products and the lack of screening of donors. We were in no doubt as to how Deirdre had been infected when she was told she had HCV. We knew immediately that Deirdre had been infected through the blood products and blood transfusions. It was upsetting to learn this had happened to Deirdre through no fault of her own. She was furious with the shortcuts taken and penny pinching that landed her in that position.
16. Deirdre was a tough, hardworking woman. She was a Respiratory Nurse Specialist and had set up and ran a clinic/group meetings for patients with COPD. Psychologically I think she was incredibly shocked to hear she was infected but she was also very stoic. Having been through so much already with her health, she treated it as 'just another thing' to deal with. Of course she was angry about it. We spent a lot of time talking to Dr Brendan McCarron, Infectious Diseases Consultant at JCUH who thought we should take it further but Deirdre did not want to waste precious time dwelling on it. We spoke about getting through it first and then finding out at some point in the future why it had happened. Unfortunately Deirdre did not get the chance to do this. She was still working up until one year before she died. She stopped working in 2006 when she had her kidneys removed. But she continued to support the respiratory exercise classes that she had set up, on a voluntary basis
17. By the time Deirdre was diagnosed with septicaemia it was too late. She was admitted to hospital on a Saturday and wasn't diagnosed with septicaemia

until her renal consultant came in on Monday. We knew then she was not going to make it and she died five days later in ITU on the Saturday.

18. Deirdre's life was cut short. We both knew that she would possibly have her life shortened but we thought and hoped that she would have more time. Deirdre would have been a prime candidate for a renal transplant had she not had HCV as her lungs, heart and liver were working fine and she was physically very fit. Without the complication of Hepatitis C and its treatment she would have lived longer and could have looked forward to possibly many years of good health with a renal transplant. Moreover it is impossible to distinguish which of Deirdre's illnesses and health issues were caused by and/or worsened by HCV.

19. Our 18 year old son was hugely impacted by Deirdre's death and for many years afterwards. He was desperate for the hospital to do all they could to prolong Deirdre's life but we were told that after 5 days in ITU she had not responded to treatment and that she to all intensive purposes she was already dead. He was an only child. He was robbed of a mother to whom he was very close. He was at a formative age and about to start University when Deirdre died on 8<sup>th</sup> September. He spent the first 3 years struggling at University but eventually gave up on the course he was doing. His mother's death hit him like a sledgehammer and he just couldn't get himself in the right place for a long time.

20. I became severely depressed and was signed off work for six months. I had lost my best friend and the love of my life. We had a very happy marriage despite all her health issues. Our son was unable to lean on me for support as much as he should have; in fact, having lost his mother he now had the added worry of his father's wellbeing. He has come through the grieving process now and we are able to talk about his mother quite freely and we visit her grave together. Deirdre's sisters (three) to whom she was close as well as her friends were also badly affected. She continues to be sorely missed.

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#### **Section 6. Treatment/care/support**

22. The HCV antiviral (oral) treatment Deirdre was given was extremely toxic and it made her very tired. There was no guarantee that it would be successful.

23. As a side effect of the antiviral treatment she suffered a lot of pain for which she had to take painkillers regularly.

#### **Section 7. Financial Assistance**

24. Deirdre received the Stage 1 Skipton Fund payment in the sum of something in the region of £20,000 - £25,000.

#### **Section 8. Other Issues**

25. There are no other issues.

#### **Anonymity**

26. I do not wish to remain anonymous. I can give oral evidence to the Inquiry if this is needed.

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**Statement of Truth**

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

Signed B Corbett.....

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Dated .....

13/2/ 2020