Witness Name:	Francis John Budgen
Statement No.	WITN5332001
Exhibit Nos.	WITN5332002 to WITN5332016
Dated:	26 / 06 / 2022

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT

OF

FRANCIS JOHN BUDGEN

I provide this statement in response to a request under Rule 9 of the Inquuiry Rules 2006, dated 3rd March, 2022.

I, Francis John Budgen, will say as follows:-

Section One - Introduction

1. My full name is Francis John Budgen and I was born on GRO-C 1949 in GRO-C North London. I am married and living with my second wife at an address outside of London that is known to the Infected Blood Inquiry.

2. I intend to tell the inquiry of my first wife, Edith May Hollingsworth GRO-C 1932 to 30th June, 2009) who was better known to all who knew her, as 'Emma.' In particular, I will talk of her having become infected with Hepatitis C (also referred to in this statement as Hep' C and / or HcV), how she came to be infected, the means in which this disease impacted upon her health, and the impact this had for her and our lives together.

3. Emma had been born in GRO-C, London into a family consisting of her parents, three sisters and two brothers. All were healthy individuals, although there was a history of diabetes in the family, and there was no familial background of any ailment such as Haemophilia, or any other blood born complaint.

4. Emma and I first met in about 1964, when I was aged about sixteen and moved into the house next door to hers, in GRO-C She was then living with her husband, a former boxer, but by the time I was eighteen / nineteen years old we had started having an affair and fallen in love.

5. Her husband, who had been in ill health, but suffering from nothing of note to the Inquiry, passed away, leaving her alone, but at eighteen I had entered the merchant navy with whom I served for some three years, so our relationship was distanced whilst I was at sea.

6. Emma worked in her family business, a greengrocery. When I came out of the merchant navy in 1967 we got together and I commenced a five-year working apprenticeship as a carpenter, going on to secure the qualifications and skills I needed and to make a good life from my chosen trade.

7. Emma and I moved to live in GRO-C and we married in 1991, following which she became a housewife. She had, by then, arthritis and was also later diagnosed as having diabetes, so she gave up work in the greengrocers (when her family sold their shop on). With health issues preventing her working, she was placed on ill health benefits, but financially we were ok as I was working hard and earning well.

Section Two - How Affected

8. Initially, Emma had only a number of relatively minor yet chronic health conditions – arthritis and diabetes, but she was otherwise healthy. However, I will now detail a number of other health issues she experienced as time went by.

9. In October, 1981 she had to have some varicose veins 'stripped' in a surgical procedure undertaken at a private hospital in Ealing, West London. Later, in July 1984, following a deep vein thrombosis she was diagnosed as having Osteoporosis, a weakening of the bone structure leaving them prone to breaking.

10. In July, 1984 Emma had her right hip replaced with a prosthetic, followed by the left hip in December, 1986. Both of these operations were conducted privately, at the Clementine Churchill Hospital in Harrow, Middlesex as I had private medical insurance under which we were both covered, and through which she received the bulk of her treatment for the various health challenges she faced.

11. Her Orthopaedic Consultant at the Clementine Churchill Hospital was a Mr Taor. I had known and been treated by Mr Taor myself prior to this, and he had treated us both previously for knee problems, so over time he became well known to us, and us to him, and we had both enjoyed a very harmonious patient – doctor relationship with him and his staff.

12. As a result of the operation to totally replace her right hip, Emma was given two units of blood, and when they did her left, three units. On each occasion she had been subject to a full pre-operative assessment, which included her having blood taken for cross-matching prior to the procedures.

13. In each case, having ascertained what blood type she required, the cross-matching exercise having been undertaken at an National Health Service (NHS) pathology laboratory in Colindale, blood was provided and made ready for use. Some of this blood, one or maybe more of the units supplied and eventually used, was contaminated with the Hepatitis C virus – although she was treated privately, the blood used came from the National Blood Transfusion Service (i.e. the National Health Service).

14. She was given two units on 21st May, 1984 and then three units on 29th October, 1986.

15. In July 1994, having been found to have developed lung cancer (attributed to her having been a smoker), Emma had to have a part of a lung removed and underwent an Upper Lobectomy of the right lung at Harefield Hospital, She had been particularly unwell as a result of the cancer and this was major surgery conducted in a specialist hospital, so it was a worrying time for us.

16. I also think that she may have been given some blood as an integral part of this procedure, or to replace blood lost as a result of the operation, immediately afterwards, but I do not know this for certain – unlike my knowledge of the two hip operations, this is speculation on my part.

17. Fortunately, despite the gravity of her condition, the extreme nature of the surgery she had to endure, and the fact that she had been a smoker over many years, she made a full recovery. She went back for check-ups at regular intervals, at three, six, and then twelve months, but nothing returned.

18. However, it was a little later in 1994 (September) that she was found to have developed diabetes (Type 2).

19. In July 1996, Emma was found to have Osteoarthritis in her spine, this being more of a 'wear and tear' form of degenerative bone condition as opposed to her Osteoporosis. She also had to have the original right hip prosthesis replaced.

20. In September 1997 a further operation was required to make some adjustment to one or other of her hips (I cannot now recall exactly which one), and on this occasion she had to be given some more blood as her platelet count was found to be low.

21. In August 2001, further surgery was needed to adjust one or other of her hips, and this too saw her having to be given platelets as her count was found to be too low.

22. On each occasion of platelets being required, this took place as a result of her having undergone post-operative screening and it being deemed necessary at that point – as opposed to the situation with the blood given when she was actually operated on or immediately thereafter, when her hips had been replaced and also possibly when her lung cancer had been addressed.

23. Emma developed a leg ulcer having initially injured it when she caught it on something (18th October, 2005), and had also started to experience breathing difficulties from about the June of that year, following which she was diagnosed as having Chronic Obstructive Pulmonary Disease (COPD).

24. Emma never had any children, nor did she experience any gynaecological problems which some ladies face as they age, so neither played any part in what may otherwise have been considered to be the 'normal' health monitoring of a woman as she aged – but with the examples I have given, there were clearly a number of other opportunities when she had to be examined, have her blood tested, and received treatment, all after she had been given blood, but Hepatitis C passed unseen.

25. I believe that opportunities for Hep' C diagnosis were missed, and as a result this virus was able to strengthen within her, unchecked as it went unnoticed.

26. Emma had always been 'the life and soul of the party,' a very sociable, happy, outgoing person who enjoyed life and living it as well as her health allowed – often in defiance of any health issues she faced. In April 2009, we went on holiday to Spain with some of our family, but something was clearly wrong.

27. Emma wasn't at all well whilst we were away, and her conduct just wasn't like her – she wasn't the bubbly Emma we all knew, but spent a lot of time sitting alone on the balcony of our accommodation, lacking any form of drive to socialise or simply to go out at all, and said that she felt dreadful, over practically the whole time that we were away.

28. She developed a bloated tummy, as a result of which she couldn't get comfortable, and appeared to be really downhearted. She didn't have any flu-like symptoms, or symptoms like diarrhoea and vomiting, but she did appear jaundiced.

29. Upon our return to the U.K., we went to see our General Practitioner (GP), Dr Patel (Uxendon Crescent Surgery, 1 Uxendon Crescent, Wembley, Middlesex, HA9 9TW) and were referred on for further consideration of what may have been the problem. As I had private medical cover, rather than be referred to the local NHS hospital, we opted to be sent to the Wellington Hospital in St John's Wood, London, to the clinic of a Dr Burroughs.

30. Although the wait for an appointment was short, Emma's health and outlook went further downhill, and she became really lethargic, not wanting to do anything, at least not for herself, and became reliant upon my caring for her – in terms of her hygiene, dressing, and so on; she simply could not do and did not want to do, any of the things she had happily done before. She was not generally given to complaining, and she didn't, she was a strong woman who usually got on with things, but she appeared to me to be giving up, resigned to ill health.

31. We went to the hospital, saw a doctor, Emma was examined and had blood taken for testing, then we left to await the results. Once the results were available, we were called and invited back to the hospital which we attended for a consultation one evening. The test results had not been mentioned when the call had been made, so we didn't know what the result(s) may have been, but clearly something wasn't right.

32. We attended the Wellington Hospital together on 14th May, 2009 where we were told that Emma had Hepatitis C.

33. We were never told where the virus may have come from, but she had been a clean-living woman who never indulged drugs or had any tattoos or anything like that, so it was not lifestyle derived – the only possible source of the infection was the blood which she had been given many years before.

34. We returned to the hospital on 22nd May, 2009 to take the matter forwards, but there had to be a short delay between appointments whilst a reporting procedure was undertaken and a further test conducted to confirm the diagnosis, which was then reported on to Professor Burroughs.

35. Hepatitis C was confirmed and further testing, including a Computerised Tomography (CT or CAT) Scan of her liver and other organs, revealed that Emma's spleen had become enlarged.

36. On 27th May, 2009 she was admitted to the hospital under the care of a Dr O'Beirne, and remained an inpatient until 8th June, 2009. Here the Hepatitis C diagnosis was more formally disclosed, together with her being told that she had Cirrhosis of the Liver, Hepatocellular Carcinoma with right Portal Vein Thrombosis, Lung Metastases and Diuretic Refractory Ascites.

37. Emma was operated upon to enable the clinicians to visibly and physically consider the condition of her liver, and to take a more enlightened view on some of the other health issues she faced. Unfortunately, they found that the cancer was invasive, actually within the liver itself as opposed to resting upon it, and that as such they would be unable to remove it or even take a section – it was wholly inoperable.

38. Prior to all of this, neither Emma nor I had heard of 'contaminated blood.' I knew of HcV, as carpentry aside, I had also trained as a Physiotherapist, so I was aware of the existence of this virus, and knew what it was, but had never contemplated that it may have had any bearing upon my wife's health – neither of us had done anything to place ourselves at risk, or so we thought.

39. Emma had no idea what Hep' C was, or of its implications for her health, but by the time it was identified, being brutally honest, it was too late for that as the damage had already been done. All the same, HcV wasn't explained to her, and we were never told that her liver cancer would, in all likelihood, have been the direct result of her having Hepatitis C, but perhaps this was because it was clear that she did not have very long to live.

40. Neither Emma nor I were told that use of contaminated blood was responsible for her having become infected.

41. Having been discharged, with what was estimated to be perhaps three months left to live, she came home to put her personal affairs in order, but she sadly only lived for a further three weeks, passing away on 30th June, 2009, at 7.00p.m., in our family home. Her funeral was held on my birthday.

42. Emma looked jaundiced when she passed away. Her cause of death was recorded as having been HcV Virus Cirrhosis, Portal Vein Thrombosis (PVT), and Metastasis Hepatocellular Carcinoma.

Section Three - Other Infections

43. I do not believe that Emma became infected with, or was exposed to, anything other than Hepatitis C as a result of her having been given contaminated blood.

Section Four - Consent

44. I do not believe that Emma had ever been placed in a position to provide informed consent – not as regards the various operations she underwent, which she understood the requirement for, what was going to be done, and what the outcome was likely to be, she consented to those, but I do not believe that she was ever given adequate information concerning blood transfusions.

45. Emma went through various pre-operative assessments, when blood was taken for cross-matching and as such it was known or at least suspected, that the need for a blood transfusion could arise. As such, she knew what she was consenting to, *but*, at no time was she ever given any information as regards any form of risk associated with blood transfusions and in particular the integrity of the blood being used. As such, she could never have given informed consent for its use as at the very least, she would have discussed any risk with me – and she never did.

46. I cannot but think that Emma was rather taken for granted by the hospital professionals preparing her for surgery, where it was assumed that she was a willing party to an operation and that as such they may not necessarily have felt the need to tell her all that was required, especially when it came to risk – if any risk were known, she should have been informed and as such allowed to make an informed decision.

47. Having made the above observation, I do not think that she was ever submitted to any tests without her knowledge and / or consent or without having been adequately informed as to the rationale behind a test being required.

48. I have no reason to believe that she was ever tested to facilitate any form of research project.

Section Five - Impact

49. Emma had been the focal point for all of the family, with everyone, old and young alike, looking to her for a lead. She was the life and soul of the party, but was not the same woman when she died – she had changed so much, and suffered for so long, rarely, if ever complaining, but with a strength of will to just get on with things as best as she could, she was a strong, proud woman who was adored by many.

50. However, as the Hep' C virus increased within her, its debilitating impact and other health issues she faced, saw her decline both physically and mentally as her strong will was slowly broken. Her condition became so poor that I found myself compelled to give up work to care for her full time, as she could do nothing for herself towards the end. She slowly stopped cooking, cleaning and looking after the house and then in the same way, slowly gave up or was unable to deal with the various aspects of looking after herself.

51. We had always been extremely close, and I had loved her since my teens, so it was dreadful for me to witness her slow but steady decline and although I sought to remain outwardly strong for her, I was nevertheless inwardly hurting.

52. We had enjoyed a relatively comfortable life, for a carpenter and a lady on benefits, but as she worsened and I had to give up work, so I found myself losing between £1,200- and £1,300- per week, the income which we had always relied upon, so financially it became very difficult for us and we found ourselves eating into our savings just to get by.

53. There were also challenges posed by her mobility, as with the passage of time her mobility went, and she had to use a wheelchair, relying upon me to move her around, in or out of the home, moving from room to room or attending appointments, she could not move from place to place unaided.

54. As a sign of just how popular a lady she was, and how deeply her death was felt, no fewer than one hundred people attended her funeral. Our GP, Dr Patel even came to me following her death, and I can recall her having embraced me and cried her eyes out, showing a great deal of empathy.

55. Her demise and eventual death made me extremely angry because in my eyes she had been killed. She had been killed by 'bad blood' which had given her Hepatitis C and a resultant cancer, none of which should ever have happened. She went undiagnosed for far too long a period of time, and once found to have HcV, there was nothing that could be done about it. In my opinion, missed opportunities to diagnose and treat, directly contributed to her passing.

Section Six - Treatment / Care / Support

56. As Emma had not been diagnosed as having HcV until shortly before her death, she never faced the difficulties she may otherwise have done in accessing treatment, care or support services because she had Hepatitis C.

57. All the same, no form of counselling or other psychological support was ever offered to Emma or I, and for all I know it may have proven useful had it been available at the time.

Section Seven - Financial Assistance

58. Dr O'Beirne told me about the Skipton Fund, and when Emma was discharged from hospital we called them and were sent an application form to complete and return. The fund made several demands as to what we needed to provide for an application to prove successful, and I did my level best to answer them all, but it should not have been like that, there should never have been any obstacles placed across our path.

59. I approached the Clementine Churchill Hospital for Emma's records which would show the blood transfusions she had been given. They responded with the fact that they didn't hold those records, and that I would have to approach the blood bank and ask them. So there was nothing readily available through the hospital, which is what I believed the Skipton Fund to have required – detailed medical records.

60. I therefore approached Dr Taor, who was very helpful, and although no medical records remained, he had kept personal work diaries, and provided copies of relevant extracts to support our claim. Had he not kept these, which he had no need to do, there may have been no 'clinical' record held at all.

61. I found that I had to do a lot of detective work to satisfy the fund's demands, to secure some form of proof through the blood bank, but eventually I had some success as although the formal hospital medical records were lost, some of the blood records remained as these had been held elsewhere and by a separate organisation.

62. I believe that a lot of people finding themselves in our position, would never have pursued an application to the extent that I did, with most having given up for want of a medical record, fortunately I do not give up that easily and if it had taken me years to secure, I would still have pursued this evidence.

63. I spent hours, over a period of many months, trying to satisfy the fund's demands as it was really hard to get the evidence they requested. I do not feel that the burden they imposed upon us, to secure this evidence, was correctly weighted – the onus to investigate further should have rested with them, not us, not those people who were on the receiving end of this scandal, many of whom would have been ill equipped or able to go to the lengths I did.

64. Having secured the information they sought to support our claim, the application was accepted, but not until after Emma had passed away, by which time it was of little or no consequence to her and offered her no compensation whatsoever for what she had endured.

65. The money I subsequently received helped (two lump sum payments), but was in all honesty woefully inadequate, as I had lost more than we received. It did nothing to make up for the damage inflicted upon my work (I was self-employed and my withdrawing from employment meant that I lost both contacts and opportunities); or upon our savings; and in any event it could never bring her back – no amount of money would ever make up for my losing her.

Section Eight - Other Issues

66. Although some records existed to show that Emma had been given blood, she was at no time told of the potential for having become infected, or of any other risk associated with blood transfusion once they had become apparent.

67. In her case, and no doubt that of many others, there should have been a backtracking exercise conducted to trace *all* patients who'd received blood transfusions and for them to have been a). told of the potential risk(s), and b). screened for infection.

68. I believe that had she and other similarly affected people been called in, for some form of mass-screening exercise, infections such as Hep' C could have been identified earlier, and appropriate treatment commenced. I do not blame the medical authorities, at least not the actual doctors and nurses who had dealt with her, but feel that those above them, those responsible for securing our blood stock and blood products, those responsible for its distribution and use, and above all those responsible for permitting its use, are blameworthy.

69. I also believe that there is still a lack of general knowledge, a lack of public awareness of the contaminated blood scandal, and that all of the information regarding it needs to be published with the truth of what really happened and its impact upon so many people, revealed. I support the Inquiry as I want Emma's story, and those of all of the infected and affected people to be heard.

70. In order to assist the Infected Blood Inquiry with their understanding of events which took place as regards our dealings with The Skipton Fund, I now refer to correspondence which Emma's initial application and my subsequent dealings with them, generated. I also hold a number of documents myself, to which I also now refer. All of these items I provide as documentary exhibits as detailed below.

71. A copy of the file, created by The Skipton Fund, I now produce as my **Exhibit WITN5332002**, and from this bundle I would seek to draw the readers' attention to the following pages, now individually exhibited as extracts from the file:-

72. **Exhibit WITN5332003** – Page six of the file in which Dr James O'BEIRNE, then a consultant of the Liver Unit at The Wellington Hospital, London notes amongst other conditions that my wife had presented with a 9cm tumor on her liver and cirrhosis of the liver.

73. **Exhibit WITN5332004** – Page twelve of the file which is a copy of the Death Certificate (Register Reference: BAG432573) for Edith May BUDGEN née RICHARDSON in which causes of death are noted as having been both Metastasis Hepatocellular Carcinoma, and Hepatitis C Virus Cirrhosis (this document also appears at page thirty-five).

74. **Exhibit WITN5332005** - Pages twenty-one to twenty three (inclusive) of the file, which consist of application documentation addressed by those who had responsibility for Edith's care, and in which it is noted that blood transfusions were given during the course of hip replacement surgery on two occasions in the 1980's, which took place at the Clementine Churchill Hospital, Harrow, Middlesex and that this was her *" ... only risk factors for HcV acquisition ...."*

75. These comments were made by Dr. James O'BEIRNE (as previously quoted), together with Emma's General Practitioner, and Dr. William TAOR, the previously quoted Consultant Orthopaedic Surgeon of the Clementine Churchill Hospital.

76. **Exhibit WITN5332006** – Page twenty-nine of the file, a copy of a letter dated 22nd July, 2009 from Mr Nicholas FISH of The Skipton Fund and addressed to 'The Trustees of Mrs. Edith Budgen,' in which Mr. Fish told me that in the absence (as it was at that time), of any *"supporting confirmation"* of her having been given a blood transfusion, the application could be taken no further.

77. In rejecting the application, Mr. Fish advised that although it would appear that any records appertaining to the blood transfusions which Emma had been given had been disposed of, should I be able to source any suitable medical records thereafter, then the application could be reviewed, or that I could appeal the decision made at that time.

78. **Exhibit WITN5332007** – Page thirty-two of the file, a copy of a letter dated 25th June, 2009 from a Linda TURVEY of The Clementine Churchill Hospital (Medical Records Department) to my late wife in which she detailed the retention and disposal policy for medical records held by the hospital and its parent company, BMI Healthcare, i.e. that such items were only stored 'on site' for a period of twelve months following which they were retained elsewhere for a further six years following which they were destroyed.

79. Accordingly, Ms. Turvey reported that no records remained from the years in which Emma had undergone hip replacement surgery and had necessarily been given blood transfusions as a result.

80. **Exhibit WITN5332008** – Page thirty-three of the file, a copy of a letter dated 24th June, 2009 in which the previously mentioned Skipton Fund administrator, Nicholas Fish told Emma that her application had been held back as it lacked certain information to be able to progress further – i.e. relevant medical records.

81. Using this letter, Mr. Fish informed us that The Skipton Fund *could not pursue records themselves*, and placed the responsibility for pursuing them through the hospital, or her GP, on us – it also requested, that where no records were available, we provide evidence of the same, and gave directives as to what action was required by any clinicians who may support our claim.

82. As I have already said, but wish to emphasise, I do not believe that it is appropriate for people who may be elderly, seriously unwell, and / or infirm, to have to pursue matters of official record for an organisation such as The Skipton Fund who once informed of a claim, should have been empowered to follow up applications by seeking the medical records of applicants on their behalf.

83. My wife Emma passed away just six days after this letter was dated – she was not in any position to comply with his request herself.

84. **Exhibit WITN5332009** – Pages forty-five to forty-six of the file, two letters showing Emma's health position over the period 15th to 18th June, 2009.

85. **Exhibit WITN5332010** – Pages fifty-one to fifty-six of the file, letters and diary entries (used in the absence of formal medical records), providing confirmation that Emma had been given blood transfusions on two known occasions, each whilst undergoing hip replacement surgery at The Clementine Churchill Hospital.

86. **Exhibit WITN5332011** – Page fifty-eight of the file, a letter from Mr. William TAOR BSc. MS BS LL.B FRCS, the Consultant Orthopaedic Surgeon who treated Emma at The Clementine Churchill Hospital in which he details the disposal of any medical records he himself may have held, but that he had retained what were referred to as 'Appointment Books' (diaries) for the relevant periods of time, which he had annotated.

87. These pages, now forming an integral part of the above exhibit, were those which were relied upon by both the Skipton Fund and myself in fulfilling the requested obligation to provide 'medical records' related to transfusions given and the surgical procedures performed which necessitated them.

88. **Exhibit WITN5332012** – Pages fifty-nine to sixty of the file, a letter dated 1st September, 2009 from Dr. P. E. HEWITT, a Consultant Specialist in Transfusion Microbiology for the NHS Blood and Transplant Service to Mr. Javed SABIR, the Deputy Pathology Manager of The Clementine Churchill Hospital, who had made enquiries of the service in Emma's name.

89. This letter detailed the countback exercises undertaken by the Blood Transfusion Service as regards HcV infected blood donors, and in so doing stated that *no screening programme of donated blood* was being utilised at the time of either of Emma's hip replacement operations and resultant blood transfusions.

90. It also documented the fact that routine screening (for HcV) only commenced in September 1991, and that *no lookback enquiries were made until some time in 1995* and went back in time until 1980. This should have identified the fact that my late wife had been given blood from a contaminated donor, but, Dr. Hewitt also stated that *had a contaminated donor ceased giving blood, they may not have been searchable* – i.e. that *some contaminated donors may have 'slipped through their net.'*

91. **Exhibit WITN5332013** – Page sixty-one of the file, a copy of a letter dated 18th September, 2009 which I sent to Mr. Fish (Skipton Fund) seeking to appeal against the decision of the fund to reject our application, and presenting the information obtained within certain of the above quoted documents, to him.

92. Ultimately, the application was successful with both a Stage One and later a Stage Two payment being made, but these were awarded in November and December, 2009 by which time Emma had sadly passed away.

93. Additionally, I would like to add the following documents which are currently in my possession and which I feel may further assist:

94. **EXHIBIT WITN5332014** – A letter dated 10th May, 2009 from Dr. Meron R. Jacyna MD FRCP, a Consultant Gastroenterologist and Physician to Dr. Andrew Burroughs, Consultant Hepatologist re. Emma describing his assessment of her medical condition at that time, following previous consultations and examination. It also describes the medication she was having to take at that time.

95. In particular, the consultant notes that both her liver and spleen were enlarged, that there was the possibility of hypertension, and that a colonoscopy had been undertaken, adding that although the consultant sought to perform a gastroscopy, my wife was concerned and had to be persuaded to undertake this procedure. In my opinion, it goes some way to show that had she have known of any potential for risk, she would have at least asked relevant questions of the clinicians treating her and would not have simply given consent without all due consideration.

96. Other conditions and prospective courses of treatment are discussed, with the consultant specifically noting that, *"Her HcV antibody is positive,"* although at the time she appears to have denied having had a blood transfusion or intravenous needle stick injury – I can only assume that at that time, she may not have been aware that she had received blood during the course of other surgery, or that she had misunderstood what she may have been being asked.

97. The letter concludes with, *"It seems likely however, that her cirrhosis is probably a combination of NASH and previous alcohol, although clearly if she has Hepatitis C co-infection, that might explain her recent deterioration."*

98. Finally, **EXHIBIT WITN5332015** – A letter, dated 15th May, 2009 written in response to the above, by Prof. Andrew K. Burroughs, MBChB (Hons), FRCP, Consultant Physician and Professor of Hepatology, to Dr Meron Jacyna, Consultant Gastroenterologist and Physician of the Clementine Churchill Hospital.

99. This letter, consisting of three pages provides his (Prof. Burroughs') assessment of Emma's health condition, both current (as was then the case) and historic. It is comprehensive and I believe the following comments to be of particular note as regarding condition and 'infected blood use,' and for her having subsequently been found to have HcV and allied conditions / specific symptoms of the same (e.g. jaundice and cirrhosis):-

Paragraph two (page one of the letter), *"... hip replacements in 1984 and 1986."*

Paragraph four (page one of the letter), *"The patient does not smoke, she takes no alcohol ..."*

Paragraph three (page two of the letter), *"I agree with you that this lady has cirrhosis and evidence of portal hypertension with ascites and varices. The most likely cause of this is non-alcoholic steatohepatitis related to her long-standing diabetes. It is also possible, as you said, that there is Hepatitis C, but I have tested for this today as well as Hepatitis B."* No result for these tests were provided in the letter.

100. However, a suggested course of treatment was given, centred on a TIPS procedure, which is detailed together with the problems she then faced being outlined, with the proposed course of treatment (to be conducted at The Wellington Hospital) described. No treatment was given, she was, by then, far too unwell which was revealed over the months which followed leading to her death.

101. Since Emma's death, I have both remarried and resettled (outside of the London area where Emma and I had been living). Although happily married, and enjoying a new life without her, the memory remains and I feel her loss as keenly now as I did when it happened.

102. Following her death, I found myself in such a state of shock and confusion that when registering her death, I gave her surname as having been Richardson, her first married name, rather than Budgen as it should have been. I subsequently corrected this mistake, through the registrars office, showing both her correct married name (Budgen) and maiden name of Phillips.

Statement of Truth

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

Signed: GRO-C

Dated: 26/06/22