

Witness

Name: Catherine McIntyre

Statement No.:

WITN7188001

Exhibits:

WITN7188002-004

Dated: 9 November 2022

INFECTED BLOOD INQUIRY

**WRITTEN STATEMENT OF CATHERINE
MCINTYRE**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 22 August 2022.

I, Catherine McIntyre, will say as follows: -

Section 1. Introduction

1. My name is Catherine McIntyre. My date of birth is GRO-C 1941 and my address is known to the Inquiry. I live in GRO-C and have been living here since 2014. I have two adult children and a stepson. I am retired and used to work in the secretarial field.
2. My husband, Douglas Robert Stuart McIntyre, was born on GRO-C 1941 in Uruguay. I intend to speak about his infection with Hepatitis C (HCV). In particular, the nature of his illness, how it affected him, the treatment he received and its impact on him and our family's lives together.
3. I confirm that I am not currently legally represented and that I am happy for the Inquiry

3. I confirm that I am not currently legally represented and that I am happy for the Inquiry Team to assist with my statement. I do not wish to provide my account anonymously.
4. The Inquiry Investigator has also explained the Inquiry's statement of approach and 'Right to Reply' procedure. I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
5. My husband, Doug, died on 14 March 2012 and his cause of death is listed on the death certificate as (1a) Pulmonary embolism, (b) Hepato cellular carcinoma (treated with chemotherapy) arising in a cirrhotic liver, following Hepatitis C Infection after a blood transfusion during surgery for incisional hernias. (c) Cholecystectomy 1978, complicated iatrogenic bile duct injury, necessitating hepato jejunostomy 1979. (II) Diabetes mellitus. Verdict Narrative: Liver cancer following many complications of abdominal surgery. I exhibit as **WITN7188002**, Doug's death certificate.

Section 2. How Affected

6. Doug worked in the diplomatic service, which meant we were travelling and living abroad from time to time, interspersed with postings in the UK.
7. In 1978, we were living in Mexico and Doug had to have an operation on his gallbladder. He was confident that the doctors in Mexico could carry out the operation.
8. Following the operation, Doug suffered from an infection and the doctors began treatment with antibiotics. However, the medication was not working, so they tried a different antibiotic. Doug continued to be unwell for several months and was off sick from work. He suffered from persistent nausea, fevers, and general weakness all over his body. We lost confidence in the doctors in Mexico.

9. We contacted the UK Foreign Office in London and the Medical Officer there advised Doug to return to the UK for treatment. He flew back to London on his own and was transferred to the care of Westminster Hospital in London.
10. Doug called me from London to inform me of the results of the X-rays carried out by the doctors at Westminster Hospital. He explained that in Mexico, they had left a hole in his bowel, which was causing problems with his intestines, and waste was being redirected into his liver, and the doctors planned to carry out surgery to remedy this.
11. I then returned to London with the children, who were relatively young at the time. Doug was discharged to go home while he awaited the operation, which was scheduled for one week later. Our plan was to travel back to Mexico within one month, and we were looking forward to returning.
12. After the operation, Doug seemed to be recovering well until, suddenly, his health began to deteriorate. He was on all sorts of medications and drips for reasons I cannot understand or recall. His consultant at the time was a lovely man, Professor Harold Ellis (Prof Harold), who went on to become one of the top surgeons in the country. He's now about 93 years old. Professor Harold pulled me aside to explain that Doug was not getting well and would require another operation.
13. Professor Ellis explained that he proposed to perform a second operation to alter the flow of bile from the liver to intestines. He drew me a diagram on a piece of paper to show me how it would work. He explained however that he had never carried out such an operation before. He said that as the intestines were not getting a chance to heal properly after this second operation, he would be arranging for Doug to be fed intravenously into his heart.

14. During the operation, my husband was not in a state where he could have given consent to the blood transfusion that he had. Additionally, the doctors did not at any point inform me that Doug had received a blood transfusion. Even if someone had told us that Doug was likely to receive a blood transfusion and had outlined the risks associated with receiving blood in advance, we would probably have gone ahead with the operation because it was a life-or-death situation. Doug was only 38 years old at the time.
15. I believe the operation was long, but I cannot recall the specific details. However, it appeared to have been successful. Afterwards, Doug remained in the hospital for a few months and started to recover. We were here in the UK for about five months in total. Doug had been left with an incisional hernia and over the next 4 years when in the UK on leave he had three operations at Westminster hospital to try and repair this but each time it reappeared and he just lived with it for the rest of his life as it was not causing any problems.
16. When Doug was well enough to travel, we returned to Mexico City and remained there for another two years. Doug was fine and healthy, so he carried on working and enjoyed his job. After that there were postings to Vanuatu and the Canary Islands.
17. In 1991 we moved to Madrid for Doug's next posting. In 1995 we were still living in Madrid, although we had plans to return to the UK in a few months' time. Doug was suffering from severe nosebleeds, which were caused by a polyp. It happened on three or four occasions when the bleeding did not seem to stop, and the doctors decided to remove the polyp.
18. After the procedure, the doctor advised Doug that there was something a bit odd with the results of his blood tests and that when he returned to London, he should see his doctor. Looking back, I think the blood tests picked up that Doug had contracted HCV, but the doctors in Spain did not want to delve further into it.

19. Doug's posting in the UK was due to start in January 1996, so we returned to London. Doug did not immediately book an appointment to see the doctors upon our return. That year he had begun to experience fatigue and was also dealing with digestive problems, which he had been experiencing for some time.
20. Sometimes he would have bouts of nausea, but once he threw up would be fine immediately afterwards. He was also irritable but he put that down to giving up smoking. He easily developed a temperature, but it was not serious enough to raise a red flag that something was seriously wrong. In 1995, before we left Madrid, he suffered from severe bronchitis, which took a long time to clear up, similar to the polyp.
21. In 1996, it was more obvious that he was experiencing extreme fatigue because he usually did his work and then carried on with life, he was a vigorous man but this stopped and he noticeably slowed down so it was apparent that he was not feeling 100 per cent well.
22. Finally, after he started his job back in London, he went to see the Foreign Office Medical Officer. That is how he was informed that he had contracted HCV. I believe this would have been at a face-to-face appointment following blood tests that the Medical Officer had conducted. We lived in GRO-C at the time, which was under Eastbourne Hospital, and after his diagnosis, Doug was referred to Dr Dunk at the liver unit in Eastbourne Hospital.
23. We had never heard of HCV before, and Doug had no idea that his blood had been tested for HCV. We were both quite shocked by the news and initially struggled to comprehend how he came to be infected.
24. Between 1996 and 1999, Doug was offered three rounds of HCV treatment. I am not sure how long each round lasted, and I cannot recall whether there were any significant gaps between each round of treatment.

25. The first round of treatment involved Doug injecting himself with interferon, and by the end of the treatment, we were informed that it had not worked.
26. The second round of treatment also involved interferon and again did not clear the HCV.
27. Doug suffered from various side effects during these two rounds of treatment. He was tired, depressed, and suffering from nausea. Sometimes he was lethargic and a bit foggy in his thinking as I recall making notes for him. He also suffered a slight loss of appetite.
28. It forced him to retire, especially after the first round of treatment did not work. There was no way he could continue working due to the amount of time of work he required and the debilitating nature of the treatment and knowing he would need to go through it again.
29. In 1999, Dr Dunk offered Doug the third round of treatment which was a combination of Interferon Injections and Ribavirin tablets. He explained that it was a new combination they were trying.
30. I went along with Doug to many of his appointments, and I remember that we went to the hospital a lot, so I believe that he must have received the treatment at the hospital. As with the previous treatments, he was monitored on a monthly basis as I recall. Again, the side effects he experienced were similar to the first two failed rounds of medication.
31. On this occasion the treatment worked and in 2000, we received the good news that Doug had cleared HCV.
32. I was working in Lewis near Uckfield then, and I remember that we still had to go to the hospital twice a year for check-ups, even after Doug had cleared the HCV.
33. Doug had never been an intravenous drug user nor did he have tattoos or piercings and although he received medical treatment abroad, none

of these procedures required a blood transfusion. We were happily married for decades until Doug passed away in March 2012. His only risk factor and possible way he could have contracted the disease was through the blood transfusion I have outlined.

34. In or around 1996, Doug had a liver biopsy, the results of which confirmed that everything was fine at the time and his liver had not suffered serious damage. I do not recall any further biopsy or scan after that but I do know that within a few years of that date he was diagnosed as suffering from cirrhosis of the liver which must have been picked up through scans or ultrasound.

Section 3. Other Infections

35. I do not believe that Doug received any infections other than HCV due to being given infected blood.

Section 4. Consent

36. As mentioned above, during his surgery in the UK, Doug was in no state to have provided consent to the blood transfusion. In any event, even if he had been informed of the risks would have said yes, as it was a life-or-death situation.
37. Doug was never informed about being tested for HCV, and no one ever mentioned HIV at any stage. I do not know if he was tested for HIV but if he was, he was not told about it. He was always willing to have tests and would probably have consented to clinical trials if he thought it would help.

Section 5. Impact

38. Doug was very depressed when he was first diagnosed with HCV. He loved his job and was particularly affected because he had to retire five

years earlier than he would have liked – as mentioned mainly the result of the side effects of the HCV treatment. He was looking forward to applying for an ambassador role somewhere in South America for his final posting. He was a bi-lingual Spanish speaker, and his dad was from South America. It would have been a very fitting end to his career.

39. The impact on me at the time mainly was concern because I was worried about Doug's depression. I also did not realise how hard it would be for him to clear the HCV.
40. He did not want to take any medication for his depression because he was already on so many pills and was concerned about the potential side effects and impact on his liver. For those reasons he never discussed this with his GP.
41. The doctors did not provide adequate information about HCV or managing the risk of others contracting it. We were not advised about sexual behaviour, amongst other things. Very little information was provided about what it meant for us with life going forward.
42. He was told to avoid alcohol at the time of his diagnosis. Before that, he used to like a drink, especially because of the lifestyle we led in Madrid, for example, we would attend cocktail parties. We curtailed that after his HCV diagnosis, and he only had the occasional glass of red wine on a Saturday night.
43. Our children were in university by the time Doug was diagnosed, so we did not have conversations about it with them, and no one ever suggested they should be tested for HCV. I have always been very healthy and have had various blood tests, so I believe that surely it would have been caught if I had contracted HCV. However, perhaps I should have been tested but it was not something suggested by any medical professional. My concern was with HIV and not HCV.

44. After Doug resigned, it was necessary for me to continue to work, and we relied on my income along with the money Doug was receiving from his pension. I finally retired in 2001.
45. We were able to travel within the UK as Doug was well enough for that. We took mini breaks to Scotland, The Lake District, The Cotswold, and Wales. We could not be too active because Doug continued to experience fatigue and did not have the energy to do much, but for a few years, we were able to take these holidays.
46. Doug had blood tests and consultations with Dr Dunk twice a year to monitor the condition of his liver.
47. Towards the end of 2011, he began getting sicker. He was vomiting more frequently, complaining of tiredness and losing a lot of weight.
48. It was concerning, so we arranged to visit our local GP, who referred us back to Dr Dunk. They carried out a scan of his liver, and the results showed that he had developed liver cancer. The doctors referred us to Dr Suddle at Kings College Hospital in London.
49. Doug was philosophical about the cancer. He had so much wrong with him by this time. We were both optimistic that the treatment would give him a bit more time. It was worrying for me but I could not show it too much as I had to put on a brave face for Doug's sake.
50. The doctors at Kings College advised that they would treat the cancer with chemotherapy. In January or February 2012, Doug spent a day at King's College Hospital having his first chemotherapy session. He was due to have further sessions, but he passed away in March 2012. I exhibit as **WITN7188003** a letter from King's College Hospital dated 6 February 2012, which lists the illnesses Doug was suffering from and the outcome of a clinic meeting following his cancer diagnosis.

51. It was difficult to understand what had happened because, by this time, Doug had developed various illnesses. He was diagnosed with diabetes, sometimes, he would be feverish for no reason and he suffered from kidney problems.
52. At the time, I did not think that diabetes could be brought on by HCV. I thought his final illness was brought on by diabetes. There was no history of diabetes in his family. The doctors did not understand why he used to get fevers. He was not excessively overweight, but there was a point he could have done with losing a few pounds. He used to play tennis, so he did not have joint or knuckle problems.
53. In the late 1980s, he used to look a little like a heavy drinker and before a posting in Vanuatu in the South Pacific, this was after Mexico, the doctor asked, "does your husband drink a lot" He was not suggesting that Doug could not go on the posting but that the results of blood tests carried out had flagged an issue. Perhaps this was the first sign of HCV, but we did not know it at the time and there was never any definitive outcome from the tests then.
54. On the day that Doug passed away, I found him on the floor. He must have been straining to go from the bed to the bathroom. I told him not to try anymore and that he should lie down and rest for a minute. I thought he was resting when he passed away. The doctors explained that he had suffered from an embolism, presumably brought on by the straining to walk.
55. We decided on a cremation as a matter of choice. However, because he had died at home, there had to be an inquest, so it was a month before we could have the cremation. We had no issues seeing his body because it did not come up. It was not something the family wanted to do.

56. As far as we were aware, there had been a possibility of Doug contracting liver cancer. The fact that he had developed liver cirrhosis meant there was always a risk it would progress.
57. With Doug not taking a final posting, it financially impacted us. He received a small lump sum as his pension, which was less than what he would have received if he had retired at 60.
58. Additionally, if we had taken the posting, we would have rented our house while we were away, and that would have been an additional income, so we lost around £100,000 worth of finance for those last lucrative five years. While abroad, we usually received a generous allowance and rent-free accommodation.
59. Doug had life insurance when he was younger, but after he retired, we did not discuss this. It would have been difficult to maintain because of all of his health issues.
60. I have never thought of myself as a victim at all. I was sad for my husband and that we could not do the travelling we wanted to do and enjoy the retirement we had both looked forward to, growing old together but this was snatched away from us. We never wanted to go abroad again after the diagnosis, even though we could have gone to Spain because we both spoke Spanish. From my perspective I was just glad that he had survived so much.
61. The children had a good education, and I do not think they realised how bad it was. They were aware he had been diagnosed with HCV, but they were both at university, and my son had taken a gap year at the time. They worried about him, but Doug always put on a brave face for them. Even when he was depressed, it pleased him to see our children, and he would be cheerful around them even though I knew he was very depressed and filled with anxiety.

62. We did not have any loss in family or relationships as a result of Doug's HCV diagnosis. We led a very quiet life, but my family knew about it. It was never an issue whether people knew or not.
63. He never held any anger that the liver cancer was not discovered earlier. We had a lot of good and very happy years.
64. He was great with our children when they were younger and was always very good with children. Doug got to meet our eldest grandkid, although my grandson, now 11, cannot remember meeting his grandad. The younger one never met his grandad and was born the year Doug died. They never knew their grandad and I feel saddened when I think of them missing out on Doug's warmth and wisdom.
65. Sometime in the 2000s, Doug had to have a small operation for piles. He was due to have the operation at Uckfield Cottage Hospital, but they refused to carry it out because he had previously had HCV, even though he had cleared HCV. Doug attended the hospital, and about half an hour later, I received a call telling me to come pick him up. They said he would need to be isolated, and they did not have the facilities to do this as they were a small hospital. It was not a big issue, and the operation was eventually carried out at Eastbourne hospital. I think he developed piles because of he had a rather sedentary lifestyle by this point.
66. Doug's dental surgery was aware he had previously been diagnosed with HCV and did not have any issues with it. One of the dentists asked at one point, so I typed out and printed a list for them with all the operations and medications he was on. They were very nice about it.
67. I have never been a blood donor and nor was Doug.

Section 6. Treatment/Care/Support

68. I think my husband probably received the best treatment available at the time. He received his surgery from some of the finest doctors at

Westminster hospital, and we never had any problems accessing treatment at any point.

69. No one informed us about the availability of counselling or psychological support services neither at the point of diagnosis or during treatment.

Section 7. Financial Assistance

70. I found out about the Skipton Fund sometime in 2004 after reading about it in one of the newspapers. We telephoned them and got the forms sent to us, and Dr Dunk countersigned it. It was never mentioned by anyone at the hospital but maybe it was too early.
71. One of the questions on the form asked about medical treatment abroad, and we applied to Westminster Hospital for Doug's medical records. I reviewed the records, and after the second operation at Westminster Hospital, the results of blood tests began referring to Doug being positive for Non-A, Non-B Hepatitis.
72. We sent off the forms with the records and the application was approved. On 27 September 2004, we received the stage one payment of £20,000 and another lump sum of £25,000 on 16 November 2004. He also received ongoing quarterly support until January 2012. I exhibit as **WITN7188004**, a note where I list all of the amounts received from the Fund.
73. On 27 April 2011, Doug received a lump sum of £25,000 from the Fund which I believe may have been related to his diagnosis of liver cirrhosis but I can't be sure. I believe Doug signed something to the effect that that was the final payment he would receive. It is certainly in my memory that he signed a document to that effect.
74. There were a lot of documents and I destroyed these along with the medical records when I moved to GRO-C in 2014.

75. My son found out about the English Infected Blood Support Scheme (EIBSS) earlier this year, and in June, he registered an application for support on my behalf. He asked if I had any medical records, but I explained that I had destroyed them. Upon speaking to the EIBSS, he asked if they had any access to the old records from the Skipton Fund, and they were able to find it.
76. I began receiving payment from this EIBSS in July 2022.
77. I thought the money previously received from the Skipton Fund was compensation. It is only now I understand that they were ex gratia payments. Before this year, I used to say to the children that, luckily, dad was compensated.
78. The solicitors who held the documents from Skipton, the Hepatitis Trust and the EIBSS administrators have all been very helpful. What my son expected would take months to respond only took days.

Section 8. Other Issues

79. I do not entirely place blame on the part of Westminster Hospital because this illness had not been identified at the time. The doctors were helpful and I would never criticise them. I don't think the doctors could have known that the blood was contaminated at that stage.
80. When you find yourself really ill, you cannot beat the care you receive from the NHS. I have also had the experience of my brother being diagnosed with a serious brain injury, and my son recently had an incident with inflammation from an insect bite that wouldn't go down. At first, it was treated with antibiotics, but that did not work, so he went to the hospital, and they acted quickly and put him on a drip for about two or three days a week. When you are really ill, the care you receive from the NHS is fantastic.

81. I know, as mentioned, that Doug did not blame the hospital for the liver cancer but maybe another later biopsy or scan would have detected it earlier whilst he was being monitored yearly. I don't think there was a further check on his liver after the discovery of the cirrhosis, other than via blood tests.

82. I think the powers that be tried to sweep it under the carpet for a long time, but that did not work. There could have possibly been a bit of a coverup, but I do not blame the hospital for that. I would be interested to see the Inquiry's findings on a coverup.

83. Maybe people, such as my husband should have been told much earlier that they had possibly been given a contaminated blood transfusion. Proactive enquiries by the NHS could have allowed those infected to receive their diagnosis earlier and prevented deaths. Who takes the blame for that? I don't know.

Statement of Truth

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

Signed

GRO-C

Dated

9 November 2022

Table of Exhibits

| Date | Document description | Exhibit Number |
|------------|---|----------------|
| 03/04/2012 | Death Certificate and coroner's interim certificate | WITN7188002 |
| 09/02/2012 | Letter from King's College Hospital | WITN7188003 |
| undated | List of money received from Skipton Fund | WITN7188004 |
