

Witness Name: GRO-B

Statement No.: WITN7294001

Exhibits: none

Dated:

## INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 September 2022.

I, GRO-B will say as follows: -

### Section 1. Introduction

1. My name is GRO-B. My date of birth is GRO-B 1945 and my address is known to the Inquiry. I have been asked to provide this statement as I believe that my late wife GRO-B: W was infected with Hepatitis C (HCV) through a blood transfusion when she had a caesarean in 1972. In this statement, I set out details about W the nature of her illness, how the illness affected her and the impact it had on her and our lives together.
2. This witness statement has been prepared without the benefit of access to W's medical records. Some of these events took place a long time ago and therefore I have recalled the events to the best of my knowledge.

3. [W] was born on [GRO-B] 1946 and died on [GRO-B] 2007. [W] was 60 years of age and according to her death certificate, [W] died of liver cancer.
4. I can confirm that I have chosen not to have legal representation and that the Inquiry Investigator has explained the anonymity process to me. I wish to seek anonymity and I do not wish to provide oral evidence to the Inquiry.
5. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.

## **Section 2. How Affected**

6. [W] was expecting a multiple birth with the babies' and due date estimated to be in [GRO-B] 1972. The doctors were not sure how many babies [W] was carrying, so as a precaution and in order to monitor her, in or about the end of [GRO-B] 1972, [W] was admitted to the maternity ward of the [GRO-B] in [GRO-B]. [W] was subsequently transferred to the maternity ward of the 'new' John Radcliffe Hospital in Oxford as it was known then.
7. Approximately three weeks before the due date, [W] had what the doctors called a "rupture" which required [W] to undergo an emergency caesarean at the John Radcliffe Hospital. [W] had triplets. I was not present at the caesarean but I recall being told that [W] had lost a lot of blood during the caesarean operation. [GRO-B] who was the first to be born, ingested a lot of blood and she was at a critical stage for a while. When I went to visit [W] following the caesarean operation, she had a cannula in each hand and she complained that the cannulas were uncomfortable. I assumed that [W] was given a blood transfusion, as she had lost a lot of blood, however I did not see the blood transfusion. [W] later told me that she was given a blood transfusion. I am hoping that we can retrieve

[W] s medical records which will confirm the position or perhaps her GP records which might show if she was given blood.

8. I do not know whether any information or advice about the risk of being exposed to infection was provided to [W] when she was given the blood transfusion, given that events happened very quickly and it was an emergency caesarean, I expect that [W] had no option but to trust the doctors and agree to the treatment they had offered.

9. It was not until years later, about February 2007, that [W] became unwell. At the time we were on holiday in Spain, and [W] who normally enjoyed her food, completely lost her appetite. As the loss of appetite continued when we returned home, and in addition her urine took on a dark brown colour [W] went to see her GP at [GRO-B]  
[GRO-B] The GP thought it was gallbladder related, so the GP prescribed some pills. The pills did not work and so [W] was referred to the John Radcliffe hospital for an ultra-scan. The ultra-scan results could not detect the gallbladder and so [W] was given a CT scan, which showed that she had liver cancer and it had spread throughout the liver and had completely covered the gallbladder. The HCV was mentioned to us also, but liver cancer was the main focus.

10 [W] was very practical and wanted to focus on fighting the disease. It was therefore devastating to learn from the hospital a short while after the diagnosis that the cancer was terminal and the hospital could not offer any treatment.

11. When we returned home, we had to tell the devastating news to our family. My daughter [GRO-B] who has also given a statement to the Inquiry, recently told me that she recalls questioning me about the diagnosis and that I told her the doctors at the John Radcliffe hospital had advised [W] also had HCV. I am afraid that I cannot recall having this discussion with my daughter as it was some time ago. However, I have no reason to doubt [GRO-B] s recollection as she has told me that shortly after [W] s death,

she went to her local GP for a HCV test, which came back clear.

### **Section 3. Other Infections**

12. I cannot state whether [W] was infected with any other infection. I am hoping that we can retrieve [W]'s medical records.

### **Section 4. Consent**

13. I cannot state whether [W] was ever told about the risks associated with receiving a blood transfusion and whether she would have consented to this.

### **Section 5. Impact**

14. It was the beginning of [GRO-B] 2007, when we got the awful news that [W] had only weeks to live. It was about 8pm in the evening and [W] and I drove home from the hospital in silence, both not knowing what to say. It was only when we got to bed that night that [W] broke down. Mentally, she was always very strong but over the next few weeks she was often in tears with despair. During this very difficult time, I will always be thankful for the MacMillan nurse who would leave [W] in a brighter mood after every visit.

15. About four days before she died, [W] made the decision to go to [GRO-B] Hospice where she had been offered a double room. She seemed very settled there and was kept busy with visitors. I will always recall the last day when [W] was still lucid. My daughter, [GRO-B] and I had supper in [W]'s room, compliments of the Hospice. We were all chatting in a light-hearted mood. Before we went to bed that night [W] told me to get on with my life after she was gone and to find somebody to look after me as I was hopeless at looking after myself. Around midnight, [W] was in obvious pain and the doctor explained that her liver had ruptured. She was put on a morphine drip and remained unconscious

thereafter. Around midnight the following day, [W]’s breathing became laboured and I called my daughter, [GRO-B] who came straight away. [GRO-B] was with me when [W] died at [GRO-B] on [GRO-B] 2007.

- 16 [W] was endowed with great drive and common sense. She gave birth to triplets as if it was all in a day’s work, and I put all their successes in life down to [W] [W] had been beside me and supported me for nearly forty years, and when I lost [W] the sense of loss and loneliness hit me hard. With good friends and family, the loneliness slowly drifted off, but the loss of [W] will always be with me.
- 17 [W]’s liver cancer was very unusual and I believe that it may have been related to the HCV infection.

#### **Section 6. Treatment/Care/Support**

- 18 [W] and I were not offered any counselling or psychological support in consequence of [W] being diagnosed with liver cancer and HCV. However, we did receive support from a MacMillan nurse and a local hospice when [W] was terminally ill and they provided end of life care for a few days.

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

19. No financial assistance was given to [W] following her diagnosis.

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

20. I want a solution to come from the Inquiry and for someone to admit what has happened.

**Statement of Truth**

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

Signed

GRO-B

Dated

15<sup>th</sup>. Nov. 2022.