

Witness Name: Ann Dorricott

Statement No: WITN1196001

Exhibits: WITN1196002

WITN1196003

WITN1196004

WITN1196005

Dated: February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF ANN DORRICOTT

I, Ann Dorricott will say as follows:-

Section 1. Introduction

1. My name is Ann Dorricott. I was born on GRO-C 1967 and I am 51 years old.
2. I live at GRO-C with my youngest daughter, Ellie. My late husband Michael Paul Dorricott was born on 23rd July 1967 and sadly passed away on 3rd April 2015 as a result of being infected with the Hepatitis C Virus (HCV). We have two daughters together, Sarah and Ellie Dorricott. I am currently employed on a part-time basis for Marks and Spencer.
3. I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006. I am aware that my mother in law Jennifer Ann Dorricott and my daughters Eleanor and Sarah Dorricott will also be giving statements.

4. This witness statement has been prepared with benefit of access to my some of my late husband's medical records. If and in so far as I have been provided with limited records the relevant entries are exhibited to this statement.

Section 2. How Affected

5. My husband, Michael, suffered from mild Haemophilia A, but I do not know how he was diagnosed. Whenever he had any bumps or bleeds as a child he was treated with Cryoprecipitate. However, as his Haemophilia was only mild, he did not receive much treatment.
6. On 14th December 1982, when he was 15 years old, Michael had a routine dental operation at Huddersfield Hospital, where four teeth were extracted. Prior to the operation, his dentist suggested using Cryoprecipitate (see exhibit WITN1196002). However, he was given Factor VIII instead (see exhibit WITN1196003). Neither Michael nor his parents gave permission for him to be treated with Factor VIII and they were under the impression that he was being treated with Cryoprecipitate. They had not received any information about the risks associated with using Factor VIII. Michael was not aware that liver function tests were taken before and after his operation. His liver function was higher than normal in contrast to his liver function tests before he was treated with Factor VIII, however, he was never told of this. He did not receive any further treatment with Factor VIII.
7. In 1996, when our daughter Ellie was born, Michael decided to go to a Haemophilia Centre to get a check up because he had not been examined in many years. At the check up they advised that they were going to test him for infections and he was later diagnosed with Hepatitis C. He was then referred to Addenbrookes Hospital for treatment to manage his cirrhosis of the liver.
8. I do not know what information was provided to him when he was being informed of his infection.

9. We were advised that I may have been infected, so I decided to get tested. It was horrible waiting for the test results, but I just needed peace of mind and fortunately the results came back negative.

Section 3. Other Infections

10. I am unaware of any other infections that Michael may have contracted as a result of receiving contaminated blood products. However, he was diagnosed with liver cancer towards the end of his life.

Section 4. Consent

11. I believe that Michael was treated with Factor VIII without his knowledge or consent.
12. Michael was aware that he was being tested for infections when he attended the check up appointment in 1996. As such, I do not consider that he was tested without his knowledge or consent.

Section 5. Impact

13. Prior to Michael's diagnosis we did not notice any symptoms other than fatigue. He was working full-time as a marketing manager for Weetabix, so we assumed this was why he was always tired. When we later realised he had been infected with the HCV, we knew this was the real cause.
14. I cannot recall what year Michael began his first course of treatment, which consisted of injecting himself three times a day with Interferon and Ribavirin. The treatment lasted for approximately 12 months and was successful.
15. As a result of this treatment, he was very lethargic and suffered from mood swings. Injecting himself three times a day affected him mentally. He became very aggressive and short tempered; however, he did not know what he was doing. At one point, I had to come between him and my eldest daughter. This

was completely out of character and was not him at all. Prior to his treatment, he was a very positive person and hid a lot of how he was feeling from us. He always looked on the bright side of life, but you could see that it affected him more when he was on the treatment.

16. Despite the treatment being successful, Michael required a transplant due to the extent of his liver cirrhosis. He was put on a waiting list and then received a liver transplant in October 2000, which was successful. After this, he was on lots of medication to stop his body rejecting the liver and to control the HCV.
17. Over the following years, Michael had lots of scans and tests. Sometime in or around 2005, he had further scans and found cancer in his liver. He had to wait a few months, and then he had a second liver transplant. The transplant was successful and his HCV was undetectable. We were advised that he could have cleared it, but there was a chance it was still there. Following this, he had a lot of tests and was taking a lot of medication.
18. We were advised that Michael was cancer-free, but later during his five-year routine check up we were told that the cancer cells had spread again and settled in the portal vein of the second transplant liver. They treated it with SIRT which reduced the cells for a matter of months, but then it started growing again. Michael was given twelve months to live. The next stage was to undergo one treatment of chemotherapy, which was unsuccessful.
19. Michael's skin had turned yellow from liver failure, his kidneys were also failing and his stomach and lungs became infected. He could no longer breathe unaided and he passed away on 3rd April 2015 at the Freeman Hospital, Newcastle.
20. My husband asked us to make sure his death certificate stated he had been infected by the HCV caused by tainted blood. The doctor at the Freeman Hospital refused to do this; we had a Coroner's Inquest on 30th October 2015. The coroner requested letters from the doctors that treated my husband, which are exhibited as WITN1196004 and WITN1196005. These clearly state

that the cause of death was Hepatitis C from contaminated blood products. As such, the coroner ensured that the death certificate stated this.

21. In or around 2010, my husband stopped working. At this time, he was working as an export manager for McVitie's, and was travelling the world. He was quite up front about his HCV and his employer was very accommodating and understanding. However, he had to stop working due to ill health.
22. My husband was quite an outgoing and upfront person, he was not shy about his infection and he told everyone. In particular, when he was having a liver transplant he felt like he had to explain to people why he needed it because he was concerned they would think he was an alcoholic. I know that this was quite frustrating for him.
23. On the other hand, I am quite a private person so I was not able to discuss any of this with anyone. Only my close family knew about Michael's health issues. When he had his transplants, I was required to tell my employer as I had to take time off work.
24. I work part-time for Marks and Spencer and for the fifteen to sixteen years Michael was constantly ill, I used any spare time to take him to the doctors and the hospital appointments.
25. Michael's infection has had a significant impact on our private and family life. In particular, there is a lot that our daughter Eleanor does not know because she was only a baby when he had his first transplant. He was unwell, and in and out of hospital for a whole part of her life. When he had a bowel operation and got MRSA and C. Diff, we did not want the children to worry so we tried to keep this from them,
26. As a family, we could not do normal things because of his hospital appointments and because Michael was often too tired. His was very lethargic and could not be bothered to do anything, although this was not all the time, it was quite a lot of the time. His lethargy impacted his ability to do things with the children, which also impacted our relationship. Our relationship was also significantly impacted when he was on treatment with Interferon and Ribavirin,

as his moods were really bad and he did not know what he was doing. He was acting out of character and he was not himself anymore. It was very difficult living with a man that was up and down all the time. I felt like walking out on many occasions, but I just could not do it as I wanted to be there for him.

Treatment/care/support

27. My husband was not offered counselling or psychological support at any point. When he was diagnosed with terminal cancer he was offered anti-depressants, but he did not take them because he did not want to suppress any feelings.

28. I was not offered any counselling or psychological support. When the cancer returned and we were advised that it was terminal, I felt overwhelmed. I went to the doctors and filled in a questionnaire, I was then offered anti-depressants but I did not take them.

Financial Assistance

29. Prior to my husband's death, he received financial assistance from the Skipton Fund. I cannot recall how much exactly. He also received a winter fuel allowance from the Caxton Foundation.

30. Following his death, I received a payment of £10,000 from the Skipton Fund. In order to receive this assistance, I approached the Skipton Fund and provided a copy of Michael's death certificate. I did not find the process too difficult, and although it was upsetting to do at this difficult time, I knew it was just something that had to be done.

31. I also received financial assistance from the Caxton Foundation, in order to help with Michael's funeral.

Other Issues

32. As a result of his infection, Michael was unable to obtain any life insurance. We also had difficulty getting travel insurance. After he was diagnosed with HCV and had his first liver transplant, Michael's outlook on life changed and he knew he was going to die so he wanted to travel and enjoy life; we did not let this stop us from travelling.

Anonymity, disclosure and redaction

33. I confirm that I do not wish to apply for anonymity. I understand this statement will be published and disclosed as part of the Inquiry.

34. I am happy to give oral evidence if necessary.

Statement of Truth

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

Signed.. GRO-C.....

Dated.....19.02.19.....