

Witness Name: A Hume
Statement No: WITN1299001
Exhibits: WITN129902- 12
Dated: November 2018

INFECTED BLOOD INQUIRY

EXHIBIT WITN129912

Please quote our reference: 200500114

Enquiries to: Mrs Stewart

12 September 2005

Ms Ann Hume

GRO-C



SCOTTISH
PUBLIC
SERVICES
OMBUDSMAN

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Dear Ms Hume

Complaint against Grampian NHS Board

Further to my letter of 18 August, I am now in a position to give a decision on your case. I apologise again for the length of time this has taken.

You complain that in 1982 you were given factor VIII concentrate unnecessarily and that you were infected with Hepatitis C as a result. It appears to you that your blood disorder was never properly diagnosed. You were also never made aware of the dangers around factor VIII concentrate. You were unaware of all the circumstances until you saw your medical records recently. I was sorry to hear of your concerns.

Decision

Having considered the background correspondence on your case and taken advice from one of the Ombudsman's clinical advisers, a Consultant Physician, I have decided not to take any further action on your complaint. I explain the reasons for that decision below.

Clinical advice

I am advised that you were given factor VIII concentrate in 1982 for a bleeding condition diagnosed at that time as von Willebrand's disease. The clinical indication was that it was prescribed shortly before induction of your first baby to prevent post partum bleeding.

At that time factor VIII concentrate was being used in severe cases of von Willebrand's disease associated with a reduced level of factor VIII in the blood. However, as you say, your level was recorded as normal then. Moreover the diagnosis of von Willebrand's disease was subsequently altered to a hereditary form of platelet disorder. These conditions were not so clearly understood 20 years ago when specific tests for von Willebrand's disease were not available.

The dangers of factor VIII concentrate as a source of non-A non-B hepatitis, later identified as hepatitis-C, were known at the time. However the long term dangers of hepatitis-C were not realised and the dangers of haemorrhage in both mother and baby were such that the balance of risk/benefit seemed clear. Dr Dawson was in the forefront of medical research in this field in the

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1970s/80s. In a research-orientated unit, such as Dr Dawson's, this treatment would have been within standard practice. X

It is quite possible that a more conservative doctor would have withheld the treatment and only given it if there had been significant haemorrhage but there could have been a disastrous episode of blood loss.

The Haemophilia Society, in a letter on your behalf, ask why synthetic DDAVP was not considered. There is no mention in the notes of it, but in fact it was never a satisfactory form of treatment, and although it had an effect on the blood levels it was not very useful clinically.

If effective treatment was considered necessary, the decision to opt for factor VIII concentrate was reasonable. The diagnosis of von Willebrand's disease with normal levels of factor VIII does seem difficult to accept and Dr Dawson herself was doubtful, but as stated above definitive diagnostic tests, available today for this condition, were not then available.

Conclusion

In view of the advice above, I do not believe that there are grounds for further investigation of your complaint by this office. However, I hope that the above independent clinical advice is helpful to you.

You may already be aware of the Skipton Fund which I understand is a body set up to manage the UK-wide ex-gratia payment scheme for people infected with Hepatitis C from NHS blood or blood products. I enclose information about the scheme taken from the internet which gives details of the scheme and how to apply.

I should also explain that, as I am required by law to give reasons for my decision to the body complained against, I have copied this letter to NHS Gramplan.

Yours sincerely

GRO-C

Jill Stewart
Complaints Investigator