

Witness Name: K Ashton
Statement No: WITN1416001
Exhibits: WITN1416002-13
Dated: November 2018

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF MISS KATE ASHTON

I, Kate Ashton, will say as follows:-

Section 1, Introduction

1. My name is Kate Ashton. My date of birth is GRO-C 1964 and I currently live alone at GRO-C I have lived here since 12th September 2018. I previously lived at GRO-C GRO-C London, GRO-C where I lived for approximately 5 years from July 2013. I work from home as a medical transcriptionist; I mainly proof read medical documents and transcribe audio files for an Australian company, Ozescribe.
2. This witness statement has been prepared without the benefit of access to my full medical records. I recently contacted Queen's Medical Centre who advised that a proportion of my medical records had been destroyed in 2005. I have also made some notes on my medical records for my own ease of reference, as can be seen in some of the attached exhibits.
3. I suffer from Hepatitis C and depression. I was infected with the Hepatitis C virus from blood transfusions which I received from late 1988 to late 1990.

4. Due to my infection and depression; I ended up working from home. I struggled with depression and I stopped wanting to see people but wanted to continue working. Over the past few years it has been a mixture of part time work at the local hospital and part time work at home. But now, I try to work mainly from home as I feel unable to interact with people.
5. Engaging with people has become difficult due to worsening depression over the years. As a result, in recent years I have taken jobs which have required me only to type or proofread and do not involve too much personal interaction. I used to be a medical secretary and teacher of medical terminology in various London hospitals, which involved people-oriented activities, but I am unable to do this now and work solely as a typist and proofer online from home

Section 2. How Infected

6. The details of the hospitals and physicians I received treatment from were as follows:
 - a. Queen's Medical Centre, Nottingham; Consultant Dr French (retired)
 - b. City Hospital, Nottingham; Professor Nigel Russell
 - c. King's College Hospital, London; Professor Billingham (retired)
 - d. Mayday Hospital, now called Croydon University Hospital.
7. I was diagnosed with Acute Myeloid Leukaemia (AML) in 1988 and began chemotherapy for this during autumn 1988. After three courses of chemotherapy, I then had a full bone marrow transplant in May 1989. I attach a letter from Dr Joanne L. Roberts, Queen Elizabeth Hospital confirming this in Exhibit WITN1416002. (Please note this exhibit is of poor quality and the writing appears distorted in the original medical records.) I continued to receive multiple transfusions of both whole blood and platelets throughout my treatment for AML and these did not stop after the transplant, from which it took me a long time to recover. I continued to receive blood transfusions for

another 15 months or so post-transplant and I had weekly transfusions until late 1990.

8. I refer to Exhibit WITN1416003, which is a letter from Dr.K Morris, SHO in Haematology from Queen's Medical Centre dated 9th November 1988 which confirms that I was given "*a transfusion of platelets to cover mucosal bleeding*".
9. During my treatment for AML, I received multiple transfusions including whole blood products and platelets. I refer to Exhibit WITN1416004, a letter from Dr N.H. Russell, Senior Lecturer in Haematology, Kings College Hospital, dated 20th July 1989 in which it is confirmed I required "*further platelet support ... and "a couple of blood transfusions since my discharge*". This letter also confirms that I was given "*unirradiated platelets ... and we do not give her CMV negative platelets*".
10. Furthermore, following the transplant, I also received a blood product known as Fresh Frozen Plasma (FFP) once or twice when I was particularly ill. This is what is prescribed when a patient goes into septic shock from low blood counts. This treatment restores normal blood pressure.
11. I refer to Exhibit WITN1416005, which is a letter from Dr B Fleichmann, SHO in Haematology at Queen's Medical Centre dated 6th June 1990 which confirms that I was "*still transfusion dependent ... "treated with 10 units of platelet transfusion, a further four units of blood, tranexamic acid IV and three units of plasma expander*".
12. I refer to Exhibit WITN1416006, a letter from Dr F van Rhee, Registrar in Haematology at Queen's Medical Centre dated 10th December 1990 further confirming I received transfusions consisting of 2 units of packed cells on 27th November 1990 and that I was re-admitted to hospital on 30th November 1990 where I received transfusion of 5 units of platelets. On a separate note, the letter goes on to state "*Her hepatitis B serology is negative ... and screening for hepatitis C is in hand*".

13. I was infected with the Hepatitis C virus sometime between the end of 1988 and late 1990. I refer to Exhibit WITN1416007, which is a letter from Dr Ashley Barnabas, Registrar in the Liver Unit, King's College Hospital dated 12th July 2012 which confirms that my Hepatitis C virus was "*transfusion-acquired*" (Exhibit WITN1416009 referred to below also confirms this). I also refer to Exhibit WITN1416008 which is a series of letters dated between 20th July 1989 and 19th December 1989 all confirming that I received blood transfusions within this period.

14. I have multiple medical records confirming the history of transfusions and diagnosis of Hepatitis C, however it is unknown which particular transfusion caused the virus between late 1988 and late 1990.

Advice Given Regarding the Risk of Infected Blood Products

15. I was given absolutely no advice in relation to the risks of being exposed to infection from transfusions of packed red cells, platelets or FFP and I was infected with Hepatitis C as a result of one or more of these transfusions.

Discovery of Infection

16. I refer to Exhibit WITN1416009, a letter by Dr M Hamblin, Senior Registrar in Haematology, Mayday Hospital dated 15th April 1997 which stated "*Investigations from her last visit have unfortunately shown that Kate is hepatitis C positive and this almost certainly relates to her intensive blood product transfusional support post-autograft in 1989 prior to routine screening of blood donors*" The letter also states that the implications of Hepatitis C were explained to me: "*I discussed with her the implications of the finding of Hepatitis C including the risk of developing chronic liver disease and risks of transmission*". I assume some explanation must have been given, although I do not remember this. I was not given advice on how to deal with the diagnosis. Furthermore I did not realise the significance of my diagnosis.

17. I refer to Exhibit WITN1416010, which is another letter from Dr M Hamblin dated 16th April 1997 which states "*I thought you would be interested to know that over the last couple of months, we have ascertained that Miss Ashton is hepatitis C positive with mildly abnormal LFTs.*"
18. As far as I can recollect, I think that it was mentioned to me, but I did not comprehend what it meant in terms of my medical condition or my life. It seems silly in hindsight but I had more serious things going on. It was not until 2004, having been lost to follow up between 1997 and 2004 (this is confirmed in Exhibit WITN1416011 below), that the issue of Hepatitis C was picked up again.
19. I refer to Exhibit WITN1416011, a letter from Dr Ashley Barnabas, Registrar at King's College Hospital dated 6th July 2012 which stated that my diagnosis of Hepatitis C occurred in 1992. This is incorrect and presents a conflict in my medical records and with all exhibits in this statement. The very first mention of Hepatitis C was in 1997 as evidenced by Exhibits WITN1416009 and WITN1416010.
20. Additionally, Exhibit WITN1416011 also states "*Hepatitis C diagnosed 1992, ?transfusion acquired*". This contradicts Exhibit WITN1416007 and Exhibit WITN1416009 which states "*almost certainly relates to her intensive blood product transfusional support post-autograft in 1989 prior to routine screening of blood donors*". There has never been any doubt that the transmission of Hepatitis C was caused by anything other than contaminated blood transfusions.
21. Furthermore, Exhibit WITN1416010 confirms that Dr Hamblin stated he "*ascertained*" I was infected. I do not know how. I had no knowledge or advice as to how he might have ascertained this. There was nothing immediately close to this letter within the medical records which offered any explanation.
22. I should have been told things like the risks of liver cancer, consequences and severity of the Hepatitis C infection. I was told about The Skipton Fund in

approximately 2010. I do not recall being told to be careful with sexual contact which would have been very important. As it happens, it was not relevant, but this is crucial information which I should have been given. I do not remember being told anything about risks. This was plainly wrong. I do remember later in 2004 being told about sharing toothbrushes and briefly something about sexual contact.

23. I feel that the information about my infection was not communicated well enough when I found out in 1997. But 7 years later, there was a little more improvement as in 2004 there was more communication from doctors and healthcare practitioners.

Section 3. Other Infections

24. As a result of my multiple transfusions, I have picked up Cytomegalovirus, also known as CMV, which only comes from blood. I am unaware of any other way of contracting it. It does not have a very serious impact on my day to day life. Perhaps it is negligible. It may only be important to know should I need a transplant. To my knowledge, if the donor is CMV negative, I would not be able to have the transplant. But otherwise, I do not believe it causes any symptoms and to my knowledge I have not suffered any symptoms as a result of this.

Section 4. Consent

25. I feel that the doctors probably carried out the test for Hepatitis C and HIV and possibly for other viruses without my knowledge or consent. Exhibit WITN1416012 is a letter from Dr Ashley Barnabas, Registrar in the Liver Unit, Kings College Hospital dated 8th August 2012, which states "*the other routine tests were satisfactory. In particular the HIV test, which is done routinely in all patients before starting hepatitis C treatment was negative*".

Section 5. Impact of the Infection

Mental effects:

26. The life effects resulting in being infected with Hepatitis C are significant. I struggle with fatigue and depression on a daily basis. As this worsened, I began to plan suicide from around 2011, leading to an attempt in February 2013. When this failed, I was referred to the NHS Mental Health Services. Although my GP prescribed antidepressants, it took three and a half years before I finally received proactive psychiatric help. This meant I remained depressed which meant it was difficult to keep on going as I had lost enjoyment of all those things I previously enjoyed and suffered from lack of concentration and motivation. During my suicide attempt in 2013, I had given myself an injection of insulin which was 10 times in excess of a normal adult dose. I do not honestly know whether I changed my mind, or whether I started to feel like I might have permanent brain damage if I had not given myself enough insulin to pass away. I called the ambulance. At this stage, I felt that it was a turning point.
27. The police became involved after I was discharged from hospital because they thought that I still presented a suicide risk. It was a lovely policeman who referred me to the mental health department. I got passed around the system a little bit, and after three and a half years I got to see a psychotherapist and I attended numerous visits between approximately October 2016 and 2017. I felt that the psychotherapist did not help me. I felt saddened for the people who are less fortunate than me, as I am blessed with good friends. Others do not have anyone around them.
28. I was dismissed from a job in late 2016, whilst I was employed by another Australian company, because of lack of concentration. There was never any question over the work itself, but with this particular company, once you had typed or proofread work, you had to return it to the correct client, such as a hospital or GP practice. Three times within 18 months, I sent the corrected letter to the wrong client. This was a big problem due to data protection

issues. I was definitely at fault. This is not something I would normally do and it upset me. I was suffering from fatigue and concentration problems. Unfortunately, this was a consequence of what had happened to me; my depression and Hepatitis C. It was very upsetting. When I was dismissed from the company this had a knock-on effect on how I was feeling at the time. It was at that point that I returned to temporary work at King's College Hospital where my good reputation as a previous full-time medical secretary still counted for something.

29. I had to apply for Universal Credit as I had no family support or any savings to fall back upon. In my younger years, we were allowed sickness and unemployment benefit. I went to talk to Universal Credit. I was honest and stated that I wanted to work but was worried because of the way the Hepatitis C had affected me mentally. However, I managed to get temporary work almost straight away for a set period of 4 months. When this came to an end, I started to look at other companies and found Ozescribe. Their system was different in that the technology ensured that finalised documents were automatically emailed to the correct client so therefore I could not make the same mistakes as before, for which I was dismissed for. The work itself was not an issue; it never was. Thankfully, errors due to poor concentration could now be avoided. I still struggle with motivation but am determined to do a good job and I still get Universal Credit when my income is low. It is upsetting how the Hepatitis C and depression have affected me mentally, impacting upon my ability to earn a living.

30. Ozescribe is a good employer and I am really well thought of and respected in my field. I do have to book in, in advance, the amount of work I will do on a particular day. Thus far, it has not been a major issue, but when I struggle to motivate myself due to my depression to complete those hours, it can become an issue. I most likely still do part-time hours, although there is flexibility to do more. I am now working purely from home. I feel some isolation; however I do feel happy not having the pressure to interact with people. My future is unclear and I am obviously concerned that my depressive symptoms and Hepatitis C will have a serious impact on my ability to either obtain or sustain

employment in my specialist area which is in the field of medical transcription services.

31. Suffering from Hepatitis C caused an educational impact when I started studying to get a proof-reading qualification. I paid for this myself, but due to a lack of concentration I had to give it up. The qualification had to be completed within 6 months of commencement of the course. If I had managed to complete the course, it would have allowed me to be more flexible within my work and to improve and to take on different types of work. However, I could not follow it through due to lack of concentration and motivation due to my Hepatitis C and depression. This was a big change from being a highly self-motivated individual who taught herself languages to having no motivation or interest in doing anything at all.

32. I did not tell anyone how low I was feeling and it is possible that the Interferon treatment worsened the depression. Now, I do not hide my depression. I would describe myself as a "*cheerful-depressive*". People would not know and I am not consciously trying to hide it. People do not want to talk about it enough, so I tell them. Mental health generally has been a taboo subject. It never comes up to tell people about Hepatitis C. I would not hide it if someone asked. I am not ashamed of it. Yet I am aware that I am functioning at limited capacity, mentally.

33. I feel that my infection has had an impact on my close friends who have supported me emotionally and financially. I am lucky to be surrounded by a supportive community of friends who have accepted me for who I am. Yet, my depressive state has impacted negatively on our relationship. I believe they understand it, but this does not make things easier. My friends have been fabulous. I have been a worry for them over the years, and they have provided me with support which I feel grateful for.

34. Depression is referred to as "*anhedonia*" which means lack of pleasure. When you suffer from depression you have no interest in doing things you would normally enjoy. I take antidepressants, which have recently been changed

from duloxetine to mirtazapine to see if they help more. Nothing else has really helped in the past, whether it be antidepressants, counselling or psychotherapy. I feel that working does help and I have a couple of friends with whom I spend my Sundays. Personally, I do not think the Inquiry will make a difference to my mental health as I have tried to come to terms with things on my own.

Physical effects:

35. Symptomatically, I do not know much about how the liver problems have affected me over the years. Thankfully, I have not incurred any major physical symptoms such as from liver cancer or portal hypertension. However, over the last ten years I have developed increasing fatigue and depression as already mentioned.

36. I also suffer from avascular necrosis of the large joints from total body irradiation from the bone marrow transplant.

37. Currently I am not in pain, but the doctors have said that fatigue, a bit like depression, is linked to the infection. Furthermore, with age, I am becoming increasingly tired. I am also overweight which does not help this vicious cycle; I am depressed so I eat more. I have regular check-ups and an ultrasound and Fibroscan at least every 6 months where I am checked for other diseases such as liver cancer and portal vein hypertension. Fortunately to date, I have not suffered many physical difficulties at all.

The impact of being infected on your private, family and social life:

38. Needless to say, being infected with Hepatitis C and ultimately suffering from depression has had an enormously negative impact on my whole life. I used to be extremely active in the community by being involved in opera, singing, training singers, putting on performances, teaching needlework and cooking meals for the homeless. I am no longer involved with any of these activities. which has had a significant impact on the quality of my life. I did have an

active Christian faith which has helped me through difficult times, but in recent years this too has been a struggle to maintain, probably linked to the depression. I have been unable to attend the church where I was an active member since late 2012.

39. I went to train as a doctor as a mature student at the age of 23. Unfortunately, due to a combination of factors I had to leave medical school, although I had managed to obtain my medical degree. I then went to work overseas for some time in various locations such as Italy, France and Africa. I travelled to Malawi for 18 months after I left medical school as a volunteer training village health workers in basic health and hygiene, essentially through a Christian mission but under the direction of the local Malawian church. In the early 1990s, I went to I worked for 2 years as a relief worker in Yugoslavia during the civil war. I worked together with local Serbians amongst refugees in the camps, taking food, medicines and other supplies and also trying to provide what mental, emotional and spiritual supports we could.

40. When I came back to the UK, I was not really qualified to do anything. Even though I had managed to obtain a medical degree, I was not qualified as a doctor. Purely by chance, I covered some shifts for an acquaintance as a medical secretary, and really enjoyed it. Since then, I have enjoyed my professional life as a secretary, proofreader and research assistant. In addition, medical secretaries could get a qualification once they were fluent in medical terminology and this qualification was called AMSPAR. I taught this all around hospitals in London. I enjoyed teaching in different roles over the years.

Financial effects:

41. Due to the Hepatitis C infection I have been unable to obtain any form of life insurance or sickness cover. This has especially been a problem in relation to my mortgage indemnity cover. I do own a flat with a mortgage (which I know many suffers have been unable to achieve) but was deemed ineligible for any kind of mortgage cover because of my Hepatitis C status. In around 2001, I

suffered non-hepatitis related lung problems that required me to be hospitalised for a total of around six months. During this time, I had no income from work and was ineligible for any government benefits and could not pay my mortgage.

42. Although very good friends of mine kindly paid my mortgage instalments for me, I incurred a lot of debt which gained interest which resulted in several years of struggle to get back to square one.

43. I have spent several years as a self-employed contractor and over this time, as well as currently, I have had no safety net whatsoever if I become ill, either with symptoms related to my liver damage or anything else.

44. Although I now have the Skipton Fund income which is somewhat helpful as it covers the mortgage, it is not enough to cover bills and food.

45. For similar reasons, as stated above, I have no funds to cover me when I retire, and my government pension will be absolutely minimal due to me having worked overseas for various periods amounting to several years.

46. All this is pretty worrying, but of course there is nothing I can do as the diagnosis of Hepatitis C automatically precludes me being granted any kind of insurance.

47. I was informed that this will still be the case despite the success of the Epclusa treatment in 2017-2018. I am now free of the infection and the virus cannot do more damage. However, the existing damage is non-reversible which therefore means that I carry the same risk for an insurer.

Section 6. Treatment/Care/Support:

48. With regard to my Hepatitis C, I was diagnosed as having Genotype 3a disease and I refer to Exhibit WITN1416012 which states "*I can confirm that you have genotype 3a disease ... of further note, as you have genotype 3a*

disease, ... the newer drugs (telaprevir and boceprevir) are not effective for this genotype. Once the haematologists have given us further information regarding your bone marrow's ability to tolerate treatment, we can consider initiating HCV treatment". This was in August 2012.

49. I commenced treatment with ribavirin and interferon for 28 weeks in 2012 and 2013, which failed. I felt poorly and had flu-related symptoms. I kept working throughout my treatment.

50. I was involved in a clinical trial to cure my Hepatitis C in April 2014 with the drug Sovaldi (sofosbuvir) but I had to withdraw my consent after only one treatment due to a family emergency.

51. I finally managed to clear the Hepatitis C virus following the successful treatment with Epclusa and ribavirin. Exhibit WITN1416013 is a letter from Dr Carmel Rice, Department of Haematological Medicine, Kings College, dated 14th August 2017 which confirmed that the Epclusa and ribavirin treatment commenced on the 2nd August 2017. This treatment lasted three months. After two tests, I was finally pronounced clear of the virus in February 2018. It felt great. Although it was great news, I still have the six-monthly checks. I know that my liver has been damaged and I do suffer from fatigue and still have the risk of developing liver cancer.

52. The NHS had a timeline of handing out the new treatments as they were incredibly expensive. The people with the worst liver cirrhosis took priority. There was a wait for me. Once these treatments came onto the market, my wait was approximately a year. I believe this was reasonable as there were others who had more serious physical symptoms than me. I received my treatment at King's College Hospital.

53. The unsuccessful interferon treatment may well have worsened my depression. The most recent treatment with Epclusa, ending in December 2017, had no negative effect on me and to the best of my recollection I suffered no side effects at all.

54. I was not offered counselling or referred to psychological services by the NHS upon the hepatitis C diagnosis. After my suicide attempt it was not the NHS but the kind policeman who pointed me in the right direction.

Section 7. Financial Assistance

The Skipton Fund:

55. In or around 2004 I had a liver biopsy and was told that I had Stage 4 fibrosis which was also in or around 2004. At this stage, there was no discussion in relation to Skipton Fund application.

56. In or around 2012, I applied to the Skipton Fund and the Stage 1 payment came through shortly after I applied. This was a lump sum of £20,000.

57. In relation to the Stage 2 payment, years went by and I had treatment with interferon and ribavirin, which failed. The doctors at King's College Hospital Liver Unit who were treating me in or around 2012-2014 said that at this point the biopsy report stated I had Stage 4 fibrosis, and the word "*cirrhosis*" was used by the doctors. I asked the liver doctors whether I could apply for the Stage 2 payment. They agreed. Dr Abid Suddle advised me that he would support my Stage 2 application to the Skipton Fund because he advised that Stage 4 fibrosis is technically cirrhosis of the liver. He duly filled out the Skipton Fund form in support of my application but the Skipton Fund turned it down. It appeared that King's College Hospital used a staging system based on the liver biopsy called Ishak which is an international standard. However, the Skipton Fund used a different staging system, which I believe is also an international standard. However, by reference to the Skipton Fund's staging system, I was only 'borderline' and was therefore not eligible for the next payment. Dr Suddle wrote to the Skipton Fund again on my behalf to contest their decision, but the Skipton Fund again turned down the request.

58. I refer to Exhibit WITN1416013, which is a document from King's College Hospital which confirmed that the stage of my Liver Disease was "*compensated cirrhosis*" based on the FibroScan. This meant that I was finally able to get the Stage 2 payment. I asked Dr Suddle to complete a new Stage 2 application for me in September 2016. Unfortunately, there was some delay in him completing this but he finally submitted it in February 2017 and I received the lump sum of £50,000 on 17 February 2017.

59. The Skipton Fund also makes a regular monthly payment, the current amount being £1500, which pays for my mortgage.

60. On top of this I receive a winter fuel payment of £500 in or around November/December each year. I am grateful for the Skipton Fund payment as without it, I do not know how I would manage.

61. I am worried about the fact that even at the moment I am just getting by. Thankfully, I have no dependants and I only have myself to worry about. But as time passes, potentially I have perhaps 15 or more years of work and then retirement. It is a worry. It is hard to foresee a time when my depression will improve because I have had it for so long and have engaged with many different treatments.

62. The difficulties I faced in relation to the Skipton Fund are that initially I did not know it existed. Furthermore, when I found out that I was eligible in or around 2004; I did not apply for some time. I felt like I did not deserve it. I thought of this as compensation, and at the time I was unaware I could not obtain any type of insurance. I was unaware that my diagnosis of hepatitis C would cause me financial hardship in later years.

63. By the time I applied for Stage 2, I was anxious to get it as I was struggling financially. I already had debts and the lump sum paid off my debts. The monthly payments are so valuable in my situation. At this point, I realise that I should not be ashamed to take the money. The only hurdle I came across with the Stage 2 payment was the misunderstanding between the staging

classification of the doctors in the hospital and the Skipton Fund itself. Ultimately there was a delay of about 2 years before I was able to get the Stage 2 payment.

Section 8. Other Issues

64. To the best of my recollection, there are no other issues.

Conclusion

65. To sum up, the psychotherapy and the medicines have not seemed to make a difference to my depression. It is hard to see what the future holds for me. I have come to terms with that within myself. I think you reach a point and come to some sort of acceptance that this is what life is.

66. I think it is great I am now Hepatitis C virus clear. However, I still have to live with the irreversible damage that this virus has caused.

Anonymity, disclosure and redaction

67. I confirm that I do not wish to apply for anonymity and that I understand this statement will be published and disclosed as part of the Inquiry. I want to give oral evidence at the Inquiry.

Statement of Truth

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

Signed..... **GRO-C**

Dated..... 14/11/2018

MEDICAL SUMMARY

(This summary is not intended to be exhaustive but sets out key points in the records relevant to the Statement)

Significant entries from medical records

- 11.05.1989 Autologous bone marrow transplant.
- 20.07.1989 Evidence of blood platelet transfusions.
- 28.09.1989 Regular blood and platelet transfusions.
- 27.11.1989 Confirmation of weekly platelet transfusions and occasional blood transfusions.
- 19.12.1989 Confirmation of fortnightly red cell transfusions.
- 09.11.1998 Transfusion of platelets.
- 28.09.1989 Confirmation the patient received regular blood and platelet transfusions.
- 19.12.1989 Confirmation the patient required fortnightly red cell transfusions.
- 06.06.1990 Blood and platelet transfusion.
- 10.12.1990 Packed cell transfusion.
- 15.04.1997 Hepatitis C virus confirmed to have resulted from blood transfusions post autograft in 1989. **Inconsistency with record dated 06.07.2012 whereby there is a question mark relating to the hepatitis C diagnosis.**
- 15.04.1997 Implications noted to have been discussed. **Patient accepts something must have been discussed, but only has a vague recollection of it.**
- 07.05.1997 Arranged liver biopsy.
- 16.05.2012 **First realisation of the seriousness of hepatitis C following a liver biopsy.**
- 06.07.2012 **Inconsistency in records in relation to when the patient has been diagnosed with hepatitis C. Letter states 1992, but first mention was in 1997.** Patient recognises the risks and benefits of the hepatitis C treatment discussed properly for the first time.
- 06.07.2012 Question mark relating to hepatitis C virus diagnosis in 1992. (This related to the entry dated 15.04.1997)

08.08.2012 Genotype 3a disease confirmed in writing.

2012/2013 Failed interferon and ribavirin treatment- this was one treatment and lasted for 26 weeks.

04.04.2014 Patient involved in clinical trial for hepatitis C with Sovaldi (sofosbuvir). Patient confirmed withdrawal after only one dose.

06.01.2017 FibroScan results in 2016 confirmed patient's liver to be cirrhotic.

14.08.2017 Hepatitis C treatment with epclusa and ribavirin commenced
02.08.2017.

02.2018 Cleared hepatitis C.