

Witness Name: Martin Macleod

Statement No.: WITN2028006

Exhibits: [WITN2028007 –
WITN2028014]

Dated: 29 July 2019

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF MARTIN MACLEOD

Section 1. Introduction

1. My name is Martin Macleod. My date of birth is GRO-C 1971. My address is known to the Inquiry.
2. I am the son of Janet and Keith Root. I make this supplementary witness statement in relation to my father, Keith, who was the infected individual. He is now deceased. I make this supplementary statement as an affected individual.
3. I have put myself forward for consideration in relation to providing oral evidence to assist the IBI.
4. My mum, Janet Root, has also provided a witness statement and a supplementary witness statement to the IBI as an affected individual on behalf of a deceased individual. My mum's witness number is WITN1965.

5. My sister, Suzanne Lloyd, also provided a witness statement and a supplementary witness statement to the IBI as an affected individual on behalf of a deceased individual. Suzanne's witness number is WITN2869.

6. In preparation for our initial witness statements, I made a series of Subject Access Requests for my dad's medical records in September 2018. One of these requests was to Primary Care Support England. After, what feels like, a 6-month battle with PCSE, I finally received dad's GP records in April 2019. These records were not available to us as a family when we prepared our witness statements back in February and March 2019. Having read my dad's GP records, I feel there is important additional information now available to the IBI. These GP records offer a richer insight of the impact hepatitis C had on my dad, they also illustrate some of the difficulties encountered by the health services supporting him and highlight some inaccuracies and blatant lies about my dad which have been available for others to see for many years. We feel, as a family, that without input from these records, we have not had the opportunity to prepare our statements with all available information and the IBI is currently missing some important evidence.

7. I make this supplementary witness statement as an affected individual in order to present additional medical records which highlight new evidence surrounding the treatment, care and support for my dad as an infected individual after he contracted hepatitis C through contaminated blood.

8. I ask IBI to consider my supplementary witness statement alongside the first and second witness statements of Janet Root and Suzanne Lloyd.

Section 2. How Affected

9. I now have evidence of conflicting information from the blood service as to the time and location the transfusion of infected blood took place. I have found 2 letters sent from the service with differing details.

10. The first letter was offered in my initial witness statement (EXHIBIT WITN 2028003) addressed to Mr C Marsh, Consulting Orthopaedic Surgeon. This letter clearly states that the transfusion of infected blood took place on 18 January 1991. The letter is not dated but Mr Marsh has dated his response slip as 13.6.95 as he declines to counsel dad following the news that dad may have been infected as a patient under his care. I used this letter to offer a date to IBI for the moment my dad was infected with contaminated blood. Whilst from a reputable source, this letter now appears to be inaccurate.

11. The second letter is from Blood Service South West to Dr McLintock (dad's GP), dated 20 June 1995 (EXHIBIT WITN 2028007). This letter states that the transfusion of infected blood took place on 20 May 1991. Whilst looking through dad's GP records, I found a letter from Mr Marsh dated 20 May 1991 which confirms that he had operated on dad that day (EXHIBIT WITN 2028008).

12. To me, this confusion over the dates of transfusion questions the accuracy of records used by the blood transfusion service and the efficacy of the look-back exercise.

Section 5. Impact

13. Upon reviewing my dad's GP medical records, it is now clearer to me and my family that dad's portal hypertension (caused by cirrhosis of his liver)

was the key to many of his health issues such as higher blood pressure, ascites, haemorrhoids, shaking hands, oesophageal varices, anaemia and malaena.

14. The varices were a serious situation which could easily have been fatal- they were possibly the most severe of dad's symptoms as they caused him the greatest amount of distress and discomfort. These varices made it hard to swallow (and therefore eat), were a constant source of pain and drained him of his energy as he often felt uncomfortable. Dad's varices required a significant amount of uncomfortable examinations resulting in him enduring a number of surgical interventions.
15. We never really linked the varices and some of dad's other symptoms to portal hypertension. Whilst in hindsight we can see that portal hypertension was a contributing factor to a number of dad's health issues, I believe the connection was never fully explained to dad. I know this because dad suffered depression and anxiety as he dealt with these seemingly disconnected illnesses. Dad was always happy to discuss his aches and pains but never seemed to connect them. He thought hepatitis C had just weakened him so he was susceptible to illness. When something new went wrong, dad would just declare that he had had another nail put into his coffin.
16. Likewise, we as a family never connected his diabetes with hepatitis C. Again, this connection only came to us via his records after his death.
17. Dad's mental health was hugely affected by the disjointed nature in which the various health services who offered to help him on each and every illness or condition yet very few of them seemed to join up to offer him an holistic approach to his health issues. I believe that if he had had a better

understanding of how hepatitis C impacted on his whole body (maybe through interactions with an individual or service that had an oversight of dad's situation and could advise and remind dad about these connections) he may have been better prepared to tackle these challenges and may have found it easier to concentrate on one big issue rather than feeling overwhelmed with his situation - which he did on many occasions.

18. Dad's GP records also offer evidence of the confusion caused between health services as they treated dad in this disjointed fashion. Confusion led to treatments being stopped unnecessarily as professionals couldn't fathom the impact of a medicine on his many issues or the most appropriate medications not being used until an intervention took place to counter misunderstandings. These situations often resulted in dad experiencing prolonged and unnecessary discomfort.

19. An example of this confusion comes from a series of letters between dad's GP, Mr Timperley and Dr Christie during early 2003. The subject of these letters considered the appropriateness of Nizatidine for chronic oesophagitis pain and Cephadrine for prophylaxis of infection in his knee and whether their use could cause altered liver function and thrombocytopenia (EXHIBIT WITN 2028009). The concerning element is that the use of this drug was allowed to continue for some years and the horror expressed by one of the people involved that this was not picked up by any of the professionals taking care of dad.

20. Dad's GP records contain a letter written by Dr McLintock to Dr J Worthington, Specialist Registrar in Gastroenterology, dated 23 December 2003, (EXHIBIT WITN 2028010). In this letter, Dr McLintock is explaining that dad has asked his GP to challenge Dr Worthington's attitude who had declared that dad had 'failed' a drugs trial due to a lack of commitment when

in fact another doctor had stopped his treatment when the trial started to cause concern over his health. This sort of ill worded conjecture is an example of the fight dad has had with medical professionals. These situations all had an effect on dad's physical and mental wellbeing as he followed every piece of medical advice given to him, endured all the symptoms his medical trials threw at him and really prided himself in working as hard as any medical professional in trying to improve his health.

21. Another example of the attitude of medical professionals can be seen in a letter from **GRO-D** to Dr Meads dated 16 February 1996 (EXHIBIT WITN 2028011). This letter explains Mr **GRO-D**'s plans for a Interferon alpha therapy drugs trial. The interesting element in this letter is the fleeting comments made on potential symptoms which were described as 'mild' and easily treatable by paracetamol. Mum does not recall attending any meeting to discuss symptoms for this drugs trial and we know that the medical side-effects were quite terrible and disabling. Dad's GP may have been reassured by this letter and may not have considered the consequences of this drugs trial. We know dad was largely kept in the dark when it came to drugs trials and he had to find out the hard way about the impact these drugs with little guidance offered beforehand. We all witnessed the stress dad endured during these trials. Whilst it is conjecture, this could be another example of people failing to explain what drugs trials like these involved and the huge impact they may have.

22. Dad's GP medical records unearthed an extraordinary letter from Public Health England (EXHIBIT WITN 2028012) disclosing dad's hepatitis C status to his GP without dad's knowledge or consent and asking the GP to take action. This seems to be a violation against dad's personal data and in contradiction to doctor/patient confidentiality. Yet again, this letter offers conjecture as to dad's lifestyle which could of lead to hepatitis C by

suggesting the GP explore the possibility of drug use and discuss his sex life. Thankfully the GP wrote 'no action required' on the letter and dad never knew of the intrusion into his private life. This letter has left the family confused as to the motivation behind this action and what Public Health England hoped to gain from this as the letter.

23. The date of the letter is 2014, and it states that Public Health England had recently been notified that dad was infected with hepatitis C. This is almost 20 years after dad was diagnosed. We would like to know what prompted this letter? Why did Public Health England initiate some sort of recall or review so many years later? What was the purpose of this exercise? The letter does not suggest any planned follow-up or duty of care on their part.

24. A letter found within dad's GP records from Dr Harris to Dr Leach dated 26 June 2006 (EXHIBIT WITN 2028013) discusses the National HCV Register. Mum does not recall ever being told that dad had been placed on a national register. We do not know the purpose of this register or how it was used. The fact that dad was on this ambiguous national register is disturbing to us.

25. Within dad's GP medical records, there is a letter from Dr N A B Anderson to Dr J E D Meads, dated 22 August 1995, which introduces a copy of the National HCV Lookback Programme's Documentation of Recipient Counselling (EXHIBIT WITN 2028014). This document appears to evidence that the 'counselling' offered as part of this service **does not** reflect counselling as we know it today.

26. Instead this form seems to be a simple box ticking exercise which appears to declare dad as having a history of drug use, occupational exposure to blood AND a history of skin piercing! None of this is true.

27. Seeing this form and the lies it contains makes my family wonder if dad was even present when this form was completed?

28. This untruth has been a part of dad's medical records since 1995. The footnote of the form states 'This page will act as the request form for virology studies'. As a family, we wonder if this form ever came to the knowledge of decision makers for treatments, drug trials and other care services and whether this influenced their decision to offer dad their services or not. Could dad have been refused help by someone reading this form or seeing conclusions taken from this 'counselling' session? Did this information stop people feeling empathy for his situation? Maybe dad's concerns of being judged as an irresponsible drug user and or some form of sexual deviant with a chequered past may not have been as far fetched as it sounds.

Section 5. Financial Assistance

29. I would like to take this opportunity to make a correction to paragraph 57 of my original witness statement regarding the stage 2 payment. I meant to say that having chosen monthly payments, when dad died we are NOT sure as to whether he got the same amount of payments as if he had chosen to receive the lump sum. Following the short life span my dad endured following him contracting hepatitis C and this payment methods being offered to him, I wonder if such an offer was appropriate. I believe the fragility of my dad's health (or the fragility of all those infected) would not have been fully realised when this payments scheme was devised. Maybe this should have been considered more carefully so that if anyone was to choose monthly payments (which seems a perfectly reasonable thing to do) and they die prematurely, their full payment would be recoverable by their family.

Statement of Truth

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

Signed

GRO-C

Dated29 July 2019.....