

Witness Name: William Hughes Robert

Statement No: WITN2068001

Exhibits: Nil

Dated: 25th September 2019.

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR WILLIAM HUGHES ROBERTS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 03 June 2019.

I, Dr William Hughes Roberts, will say as follows: -

Section 1: Introduction and Professional History

1. My name is Dr William Hughes Roberts, my date of birth is GRO-C 1947 and I live at GRO-C I graduated from Newcastle University with a Bachelor of Medicine, Bachelor of Surgery degree in June 1972. I subsequently practised as a Doctor for 38 years.
2. Upon graduating from Newcastle University, I trained as a pre-registration doctor at the Royal Victoria Infirmary, Newcastle. I firstly trained as a pre-registration house physician on a six-month appointment to Professor Reginald Hall and Dr Tom Boon. I then trained as a pre-registration house surgeon for a further six months, firstly under Mr Peter Dickinson and then under Mr Munro Black. I gained full registration qualification in July 1973.

3. From August 1973 I was an Obstetrics and Gynaecology Senior House Officer at the Royal Victoria Infirmary, Newcastle. From February 1974 I was a Paediatric Senior House Officer at Bridgend General Hospital, and I began to train as a General Practitioner at Oldcastle Surgery, Bridgend in August 1974.
4. In May 1975 I gained a Diploma in Obstetrics from the Royal College of Obstetrics and Gynaecologists. I was a Psychiatric Senior House Officer at Morgannwg Hospital from August 1975, and a General Medical Senior House Officer at Bridgend General Hospital from February 1976.
5. I gained Membership of the Royal College of General Practitioners in June 1976, and was then an Anaesthetics Senior House Officer at the C&A Hospital, Bangor from September 1976.
6. In April 1977 I became a Principal in General Practice at Victoria Surgery, Holyhead, and practised there until August 2003. During this time, I was appointed as a Continuing Medical Education Tutor for the period December 1994 to December 2000. I was also appointed Chairman of the Anglesey Local Health Board in September 2002 and was a member of the Anglesey Child Protection Committee.
7. I retired from clinical practice in January 2010.

Section 2: Experience-related Evidence

8. I worked as a newly qualified, pre-registration junior doctor in July 1972 on the general medical ward at the Royal Victoria Infirmary, Newcastle. The consultants in charge were Dr Tom Boon and Professor Reginald Hall. The ward specialised in endocrinology, and was also responsible for the treatment of haemophiliacs. The other pre-registration junior doctor on the ward was Dr Yvonne Farrar (married name Veitch). The consultant who was responsible for the treatment of haemophiliacs was Dr GRO-D

9. Normally we would treat approximately 2 or 3 haemophiliacs a week during my 6-month appointment on the ward. Haemophiliacs, who were young male adults, would usually require treatment for bleeding in various joints. This would be treated with Fresh Frozen Plasma ('FFP'). I recall that most haemophiliac patients would usually require 8 bags of FFP to be administered intravenously.
10. The bags of FFP were stored in a freezer, and the exterior of the bags seemed slimy. The FFP was frozen and the bags would be placed in a bowl of warm water and thawed. On superficial observation it was difficult to tell if the bags had leaked or not. Once thawed, we would then connect the intravenous drip and the FFP would be administered to the patient.
11. I was concerned about the risk of hepatitis when administering the FFP to haemophiliac patients. Having just graduated, I was fully aware of the risks of non-A non-B ('NANB') hepatitis, as it was then known.
12. This was a risk not only to patients but also to clinicians who were responsible for administering the FFP.
13. There was no other effective treatment of which I was aware that could be used to treat haemophiliacs. There would be an unquantifiable risk of hepatitis to the patient. There was also a risk of hepatitis to doctors if they were not given, or had access to, proper safety equipment.
14. The principle of 'do not cause any harm' applies to both patients and doctors alike. When treating patients, whether medically or surgically, there will be consequences that you are not always able to anticipate. In respect of administering FFP, what we were doing was acceptable as there was no other effective treatment of which I was aware. I do not remember ever saying to a haemophiliac patient that the FFP could have a potential risk. I do not recollect counselling any patients as to the risk of hepatitis. The reason for this is that these patients were not new patients. They had received FFP on

several occasions prior to admission to the ward. They should have received counselling by the consultant in charge when first seen for treatment with FFP.

15. I was particularly concerned at the lack of safety equipment then available to clinicians administering the FFP. We were not initially provided with suitable gloves or aprons to use when handling the FFP bags. The risk of transmitting hepatitis to the clinicians was not taken into account.
16. The other junior doctor on the ward, Dr Yvonne Farrar, approached me and raised these safety concerns. I agreed with what she said about the risk of NANB hepatitis to clinicians administering FFP. We decided that we would together approach Dr [GRO-D] the consultant in charge of haemophiliac care, to discuss these concerns.
17. I do not recall the exact conversation or when it happened. It was a challenge for two young newly-qualified doctors to approach a consultant with these concerns.
18. Dr [GRO-D] response was hostile. He did not reassure us in anyway, did not offer any suggestions, and was wholly unsatisfactory in addressing our concerns. We felt discouraged from pursuing the topic further. It was a brief conversation.
19. My fiancée (now my wife) remembers me telling her about the discussion that took place with Dr [GRO-D]. I was sufficiently concerned with Dr [GRO-D] [GRO-D] reaction and lack of concern that I mentioned this to my then-fiancée and future wife.
20. It is appropriate that teaching hospitals such as the Royal Victoria Infirmary should use the best techniques and equipment available. One could therefore assume that a senior doctor working in a teaching hospital should be more receptive to our concerns.

21. This was the only occasion that I ever met Dr [GRO-D] Following our discussion, Dr Yvonne Farrar and I took it upon ourselves to obtain what we thought was appropriate safety equipment, such as disposable surgical gloves and aprons.

Section 3: Other Issues

22. Since my six-month appointment to the ward under Dr [GRO-D] at the Royal Victoria Infirmary in 1972, I have had no further professional dealings with haemophiliacs and the administration of FFP.

Statement of Truth

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

Signed

GRO-C

Dated

25/9/19