

Witness Name: **GRO-B**

Statement No.: WITN2264001

Exhibits: WITN2264002

Dated: 22nd April 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF **GRO-B**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1st September 2020.

I, **GRO-B**, will say as follows: -

Section 1. Introduction

1. My name is **GRO-B**, my maiden name is **GRO-B**. My date of birth is **GRO-B** and my address is known to the Inquiry. I intend to speak about my husband **GRO-B: H** **H** gave evidence to the Inquiry in July 2019 in Edinburgh. He was anonymous and his pseudo name when he gave evidence was "Mr R".
2. As what has happened to **H** has been covered when he gave evidence in 2019 and in his statement, I am going to speak about my perspective of what I can recall for him from 2014 up until when he gave evidence in July 2019 and then tell the Inquiry what has

happened for [H] up until his passing in [GRO-B] 2020 that has left an immeasurable level of distress and upset.

3. I wish to be anonymous for the statement.

Section 2. How Affected

4. [H] received a blood transfusion before I knew him when he was fifteen years old. The details about what happened to him are covered in his evidence.
5. I met [H] in 2013. [H] was a fun loving person, very much family orientated he lived for his family and they were all very close to each other. He was someone that used to love life before all this happened to him.

Section 3. Other Infections

6. Answers to this section are covered in [H]'s statement and in his oral evidence that he gave on the 3rd July 2019.

Section 4. Consent

7. Answers to this section are covered in [H]'s statement and in his oral evidence that he gave on the 3rd July 2019.

Section 5. Impact

8. In 2013, [H]'s physical health was not good. He had been told that he had developed cirrhosis of the liver. Even looking at him then, physically it was very clear he was extremely ill. He had no colour and no energy. Before that he was happy go lucky, a healthy strong man. May be he put a front on, but he looked well.

9. In 2014, [H] was admitted to hospital with pneumonia and sepsis. I recall that he was extremely ill and I remember realising he was going to die without help. He had resigned himself that he was stuck with this virus and that he was going to have to just get on with things. I kept trying to encourage him to call a doctor for advice but he kept saying no, that he didn't want or need it. He very much did and it got to this particular day when I insisted that we were calling the doctor. He agreed and said that he was going to have a bath first. He went upstairs and all I remember is him calling out to me for help. I went upstairs and [H] was throwing up blood everywhere. We went to hospital and he was admitted for ten days with pneumonia and sepsis. At that point we were told that his liver was failing.
10. An appointment was arranged to attend the Edinburgh Royal Infirmary at the liver transplant clinic, however when we attended they told us that they could not do anything for him because he was drinking. [H] had been struggling to cope with his diagnosis and alcohol had become a coping mechanism for him.
11. He was however offered a second drug treatment. He was trialed on two drugs Harvoni and Ribavirin. At the end of this treatment the virus was clear however when they checked again 12 weeks later, the virus was detected again, so that failed as well. That really set him back emotionally. [H] shut himself away at this point, he didn't see anyone, didn't see family and removed himself from everyone. I pushed really hard for him to take a third course of treatment though, we weren't going to give up, if there was something else out there. He underwent a third course of treatment, Epclusa and ribavirin in 2017. This treatment was successful.
12. The relief of not having the virus any longer was immense but the damage to his liver was still there and that couldn't be corrected. We were back and forward to the liver transplant unit to see how close he was to needing a new liver. The hospital told us that he did need

a new liver but his other organs weren't failing enough to make him eligible to receive it. The doctor advised us that it was a case of monitoring him closely and when the time was right he would be put on the list for this to go ahead. This never happened because he was diagnosed with cancer.

13. Going through all of this [H] didn't trust the medical profession. He did develop trust in one specialist nurse, however even that turned out to be a big mistake in the end as this was the medical professional who missed the cancer diagnosis that ultimately killed him. [H] was routinely monitored every 3 months. He attended Dumfries Royal Infirmary in December 2019 for his routine blood tests and to see Dr Jones and the specialist nurse Marie Murray. They decided during this appointment that they wouldn't see [H] again until May 2020 and give him a bit longer this time. We thought this was good news, so we booked a holiday [GRO-B] in February 2020.

14. Just before we were due to go, an unexpected appointment came through the post. The appointment had been made for the day we were going to fly back home, so I called the hospital. I said that we had received this appointment out of the blue and asked if they wanted to see him before we went on holiday or was it something that was not urgent and could wait. They just said that they would send us out another appointment. Sure enough a letter came out for the 2nd March. We started to wonder, why they wanted to see us again after telling us they didn't need to see us until May.

15. We attended Dumfries on the 2nd March and our first question was why did you want to see us now after telling us we didn't need to return until May? Marie said that [H]'s tumour markers were raised. I clarified with her, that this information had come from the blood work done in December 2019 and she said yes. I raised with her straight away, why are we only back in now? When I had phoned the hospital after receiving the first appointment I had asked them very clearly did

[H] need to be seen urgently. It was agreed that the bloods would be redone that day and if the markers were still raised he would then receive a scan.

16. This went ahead, and they told us to phone back at 3:30pm that same day. Sure enough the markers were still raised and a scan needed to go ahead. I asked when this scan would take place. Marie said that the hospital would need to decide what kind of scan they would order for [H]. She said she would be in touch. A week or two later, we received a letter in the post saying that all scans were cancelled because of Covid-19.

17. With [H]'s markers being raised in December, all the hospital had to do was to phone us and ask us to attend his GP or a doctor to get the bloods redone then. They left us from December until March 2020 where the cancer he had Cholangiocarcinoma was allowed to develop freely. That particular cancer is a particular aggressive cancer. By the time he was actually diagnosed it was too late, there was nothing they could do for him.

18. I have not yet asked the hospital what their official reason was for leaving him for so long without intervention because of the absolute trauma and distress of this past year. I have had to be medicated from my own doctor because I am struggling to deal with it all. I fully intend to ask them this question and I am recovering updated records for [H] as well to get a full explanation. I am so angry that I am not in a place where I can speak to them yet, but believe me, I will.

19. Why was [H] left for so long? That was why they were monitoring him every three months, the damage that had been done to him from the hepatitis C had left him with a significant increased risk of developing cancer. What possible acceptable reason can there be to do what they did? We should have been phoned straight away!

20. Sister Marie Murray called us after the scan was cancelled to tell [H] that he wasn't to go out, he would have to stay indoors and self-isolate. That was fine and we did this. I raised with her during this call that it was vital that [H] get this scan as soon as possible, the only response she gave was that there was nothing available. I was extremely clear with her that this was not acceptable, we needed to know if he did have cancer. He needed proper medical care.
21. For a month we were left [H] and I isolated at home to protect him and then in April, [H] developed a cough. I phoned the Covid-19 helpline for advice and was transferred to a doctor. This doctor spoke with both [H] and I and heard [H]'s cough on the phone. She was pretty convinced that he had developed Covid-19 and told us to self-isolate which we had already been doing.
22. About ten days later, things had not improved and he had been up all night with upper right quadrant pain. I phoned Sister Marie Murray and I demanded for him to be admitted immediately because something was seriously wrong. Again I was told no they couldn't admit him, that [H] would have to proceed by contacting his GP. I called the GP to be told I had to phone the Covid-19 helpline again. I refused to phone it because the first time I phoned I was kept on hold for three and a half hours. He needed an ambulance at this point. Dr [GRO-B] got the Covid line to contact me at home and they agreed that [H] had to go to hospital.
23. Despite how poorly he was [H] still had to drive himself to hospital because they refused to send him an ambulance and I don't drive. This was due to the Covid restrictions.
24. Once he was finally in there they tested him for Covid which came back negative. An x-ray was then done on his chest which came back clear and then he finally got a CT scan. It was then the lesion on his liver, two lesions on his spine and one on his pelvis were viewed and

he was told that there was a high probability that this was going to be cancer.

25. [H] wanted to come home straightaway. He did not want to stay in hospital. Sister Marie Murray phoned us once he had come home and advised that there was a treatment that he could start. She advised that the cancer was not curable but it was treatable.
26. Before this could occur [H] attended hospital for a liver biopsy to confirm what kind of cancer he had. Once this took place it transpired that it was a completely different cancer as to what they had originally thought it was, which meant that he was going to require chemotherapy.
27. We were phoned on the Monday morning and told to attend hospital to meet with Sister Marie Murray and Helen Johnson who is a cancer nurse to discuss the results of the biopsy. We went there and they were repeating the information that the cancer not curable but it was treatable. [H] was to start GemCis chemotherapy and talking this plan through that morning was giving us hope. We were told that the treatment would be able to get rid of the lesions on the spine and shrink the lesions on the liver. This was giving [H] and I hope that he could still be eligible for a liver transplant. We were being told that this could work and if he remained OK for a year he would be eligible for the transplant. We left that appointment feeling positive and phoned our family reassuring them that there was a way to buy [H] some more time.
28. On Tuesday morning Helen Johnson phoned us and asked us to speak with his Oncologist. We had a virtual conference in the hospital with Dr Kate Connelly. In this meeting she kept saying "time is short", she said it three times, so I stopped her and asked her to clarify why she kept repeating the phrase and asked her how much time was she talking? That was when she told us [H] had six months to live. [H] didn't qualify for chemotherapy. The hope that we had been given on

the Monday morning was taken away as quickly as we had been given it. [H] had to carry me out of the hospital screaming. I don't know how he kept it together.

29. We spoke to [H]'s brothers, but held off telling his mother until we could speak to her in person. She was living on her own in lockdown and there was just no way we could give her this news until we knew that [H]'s brothers could support her properly.

30. The news broke us, it has been horrific. [H] wanted to die at home, so his doctor came out and we had a discussion about it. I asked the doctors to ensure however things took place to please make sure that [H] had a set up that prevented him being in pain. I did not want this house to be a reminder of [H] in pain. I was going to nurse him at home.

31. The day [H] was diagnosed we decided that we were going to get married. We were married in [GRO-B]

32. [H] kept how he was feeling to himself, I know he worried about me. He would hear me crying at night.

33. There was one time he was in the bath and I was sitting next to the bath speaking with him. He got quite hysterical. He was processing his distress and as part of this he started to express his fears. His mother should not have buried him, no mother should bury their child. His dogs that he loved dearly, he should have been with them until the end of their lives, he should have buried them. He was in quite a state. He tended to try and keep his feelings inside, but he was extremely distressed.

34. [H] was doing quite well during April and May, however there was an incident where he fell out of the bath and that is when everything changed. Two days later he became jaundiced and he was admitted back to Dumfries and Galloway Royal Infirmary. Again because of covid-19 restrictions I wasn't allowed in to see him, so I couldn't be

sure he was getting the right care. When I spoke to him on the phone he was all over the place, he sounded totally out of it. His medication kept getting mucked around so he barely knew what was going on.

35. [H] was asking the nurses to phone me because of the medication they were giving him. The nurse did and she went through the medication with me. [H] was on a morphine medication. He had been receiving this in the morning and at night. What they did was they stopped this and started giving him oramorph every hour. He didn't know what was going on, he was too doped up.

36. This issue was addressed. I wrote all the medication down for Dumfries and Galloway Royal Infirmary. I have no idea why they made such a negligent mistake over my husband's care. [H] asked me before he died to not drop this and get answers as to why the care was so appalling. I promised him I would, and I will.

37. I am in the process of recovering updated medical records around this incident and about [H]'s care so I can factually remember what happened.

38. When [H] passed away, his own GP came out to the house to register his death. Dr [GRO-B] and I spoke about what the cause of death should be on the death certificate. Cholangiocarcinoma stems from cirrhosis of the liver and that came from hepatitis C, so we strongly wanted hepatitis C put on his death certificate. Dr [GRO-B] agreed to do this. He had to go through the prosecutor fiscal for this to occur. I was warned that they might do an autopsy on him if I pushed for this, which there was no way I would have allowed that to occur, he has had enough done to him.

39. In the end the Prosecutor Fiscal sent two police officers to the house and they took a statement from me instead and it confirmed everything that Dr [GRO-B] had put on their report to them, so hepatitis C is now on his death certificate. I exhibit [H]'s death certificate as

WITN2264002. Had I not pushed for this, hepatitis C would not have been mentioned on the certificate.

40. My own confidence in the medical profession is badly damaged. Permanently damaged. I don't believe a thing they say now. How they treated me, how matters were communicated to us, how [H]'s test results were treated, how [H] was treated...the system is broken.
41. After [H] passed away, the distress for me has been so great I have had to start anti-depressant medication, Prozac. This is what helps me cope with everyday tasks. I find myself blaming myself "what if" always going through my mind. Not knowing what could have happened. The NHS let him down again doing this and compounded it by keeping me on the outside when I am the one who was caring for my husband.
42. [H]'s mother is broken now. She is 79 years old and is absolutely devastated. [H]'s brothers are devastated. One of his brothers couldn't return to work for months. [H] and his brothers were very close.

Section 6. Treatment/Care/Support

43. In terms of support there was a MacMillan Nurse Kirsty Gaffney who was assigned to [H], but because of Covid-19, she was only able to meet with him through video link.
44. The arrangements that were set up to support [H] and I worked most of the time however if [H] had a bad night then my emotions would be all over the place the next day. Part of me was determined to do it for him, on my own as well.
45. There was a point when a Marie Curie nurse came to the house in a bid for me to get some respite. I had been refusing this because I really didn't want anyone else looking after him, however [H]'s

mum persuaded me, saying that it would be better to stop me from burning out so I agreed. Shortly after, a nurse came over at 10pm at night. At this point [H] was in a hospital bed, so I took her through to where he was. She reassured me that she would look after him and keep all the doors open so I could hear. She promised that if there were any problems she would come straight through and let me know. I had made this nurse swear that she would tell me if there was a problem.

46. I went through and I must have fallen asleep because the next thing I knew, I could hear my husband screaming his head off. I went running through, [H]'s bedroom door was shut and I could hear all these unknown voices. I went into that room and found [GRO-D] Nurses. She had phoned them for help instead of coming to find me.
47. Her response to me was that his breathing was a bit funny. I asked her to clarify this because frankly this was the first time she had met [H], she didn't know what his breathing was normally like. They were moving him up the bed but none of them had given him the proper medication to do so and this was why he was screaming. They gave him the medication AFTER they finished working on him. The next day I phoned [GRO-D] and raised this with them. I lost complete trust in them. No [GRO-D] nurse got through the door after that. I did it on my own after that.

Section 7. Financial Assistance

48. The financial funds have been excellent with me since [H] passed away. All I have had to do was fill a form in and they have updated everything for me.

Section 8. Other Issues

49 [H] and I find it quite incredible that for years and years we were looking for records about his transfusion and they miraculously turned up one week before he passed away.

Statement of Truth

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

Signed

GRO-B

Dated Apr 22, 2021