Witness Name: Dr Eleanor Goldman

Statement No: WITN3067003

Exhibits: WITN3067004-007

Dated: 17 August 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ELEANOR GOLDMAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 17 April 2019.

I, Dr Eleanor Goldman, will say as follows: -

Section 1: Introduction

1. I am Dr Eleanor Goldman, of GRO-C London, GRO-C My date of birth is GRO-C GRO-C 1930. I qualified from the University of Witwatersrand in South Africa, obtaining the Degree MB BCh in 1952. I became fully registered with the GMC in September 1953. Between 1970 and 1974 I worked as a Medical Officer at the Far East Rand branch of the South African Institute for Medical Research in the general pathology laboratory. Between 1976 and 1984, I was Clinical Assistant to Dr Katherine Dormandy at the Haemostasis and Thrombosis Centre at the Royal Free Hospital in London. Between 1984 and 1995 I was an Associate Specialist in Haematology, again at the Royal Free Hospital. I retired fully from medical practice in 1995, and relinquished my registration with the General Medical Council on 1 January 2009. I am now 89.

Section 2: Responses to criticism

2. Before responding to the criticisms set out in the Rule 9 request letter dated 17 April 2019, I would like to provide some background information.

3. The Haemostasis and Thrombosis Centre at the Royal Free Hospital was established by the late Dr Katherine Dormandy to provide comprehensive care for patients with bleeding and clotting disorders. This was to include medical treatment and social and psychological support, enabling patients to lead as normal a life as possible. With the development of replacement concentrates, patients were put on home treatment which was administered by parents, and as soon as possible by the patients themselves, with parental supervision as necessary. Patients would be seen on request at any time of day or night. There were also regular general reviews arranged annually or six monthly.

4. Patients were referred to specialist departments as and when necessary – including orthopaedics, gynaecology, hepatology and paediatrics, microbiology, immunology and genetics as required. A special orthopaedic clinic was held monthly with Mr J C Madgwick (orthopaedic consultant), and subsequently Mr N Goddard, to see selected patients with orthopaedic complications of haemophilia, which were not uncommon. Later I arranged for similar clinics with the Head of Paediatrics.

5. My role was to treat patients with acute bleeds as well as seeing them for annual review. At these reviews they were also seen by a full time social worker, Mrs Riva Miller. Mrs Miller was trained as a family therapist at the Institute for Family Therapy. Realising that haemophilia was a family issue, I attended an introductory family therapy course at the Institute for Family Therapy, and a course in systemic family therapy at the Tavistock Clinic.

6. With the agreement of Dr Peter Kernoff, then the Director of the Centre, Mrs Miller and I arranged to see patients together, at the beginning of a review, to explore social or psychological needs. I provided genetic counselling when requested, and later HIV counselling. I was the co-author of a book on Counselling in HIV, with R Miller and R Bor.

7. Counselling sessions were videotaped with the patients' consent, so that we could review the sessions afterwards and plan any future interventions in line with usual practice. The purpose of the tapes was explained to the patients and they signed consent forms which were filed in their clinical records. In the case of children, parents signed the consent form on their behalf again in line with accepted practice.

8. During the 1970s, it became apparent that there was a form of Hepatitis which was neither positive for Hepatitis A nor Hepatitis B antibody tests. This new strain of Hepatitis was initially referred to as "non-A/non-B Hepatitis". Patients being treated with blood products were noticed to have minor abnormal liver function tests whilst remaining negative for Hepatitis A and/or

Hepatitis B antibody tests. In 1990 with the advent of recombinant gene technology, it became possible to identify the virus responsible, which was termed Hepatitis C. As soon as a test for Hepatitis C became available in 1990, all patients being treated with blood products at the Centre were tested. Many were found to be anti-Hepatitis C virus positive. Dr Christine Lee, Consultant Haematologist and Director of the Centre wrote to all patients affected, to inform them of their results. They were then invited to discuss or could do so at the regular review session.

9. I have reviewed W1056's statements of 19 November 2018 and 12 April 2019, together with clinic correspondence also disclosed, in particular Professor GRO-D letter of 20 June 1985, **WITN3067004** and my letter addressed to *"To Whom It May Concern"*, dated 18 September 1987, **WITN3067005**. The other documentation disclosed postdates my retirement and cessation of involvement in the witness' care.

10. I recall W1056 because following my retirement, she submitted a complaint to the General Medical Council in which she alleged that when she had attended a consultation with her partner, I had failed to inform her of the risks of having a child with haemophilia, or that she had been infected with Hepatitis; she raised a similar complaint against Professor GRO-D Her complaint against me was closed by the GMC in 2005 following a preliminary investigation, and no criticism was made. I produce a copy of the GMC Decision letter dated 13 April 2005 as exhibit **WITN3067006**.

11. W1056 is not a hemophilia sufferer, but is instead a haemophilia carrier but with a low Factor VIII, as a result of which she may have required Cryo-precipitates, or more recently Factor VIII, for surgical procedures including dental extractions. This is likely to be how she became infected with Hepatitis C.

At paragraph 16 of her first witness statement, Ms W states that in 1985 she was treated f or severe nose bleeds and infected with the Hepatitis C virus. Ms W was not given a diagnosis until 1991 despite her records revealing that you and her General Practitioner already knew she had chronic Hepatitis non-A/non B. Please comment on this.

12. As I have described, prior to 1990, it was recognised that in addition to Hepatitis A and Hepatitis B, there was another virus which (together with other non-viral causes), produced variable abnormal liver test results in patients who did not have Hepatitis A or Hepatitis B. Until a definitive test for Hepatitis C became available in 1990, this new virus was known as "non-A/non-B Hepatitis". Only after the test became available in 1990 was this virus renamed "Hepatitis C" or "HCV". Before 1990 any rise in transaminases (SGOT or SGPT) with negative

tests for Hepatitis A and Hepatitis B, would be termed non-A/non-B Hepatitis, if an infective cause was being considered. However such test results could also be caused by other non-infective triggers such as excessive alcohol consumption, diabetes, obesity, fatty liver, or the use of the oral contraceptive pill, or indeed any combination of these.

13. As soon as the Hepatitis C test became available, **all** patients of the Centre were tested. In the event of a positive HCV result, where possible, the patient's stored blood samples would be retrospectively retested with a view to ascertaining when they had become infected.

14. Prior to 1990, patients whose test results suggested that they had contracted non-A/non-B Hepatitis would be informed at the earliest opportunity. I note the letter from Professor GRO-D dated 20 June 1985 in which he states:

> *"I agree that this lady has chronic non-A/non-B Hepatitis. This has presumably been transmitted from Factor VIII concentrates. At the present time, I am sure she has only mild Hepatitis and I would suspect that her prognosis is good. There is no contraindication to pregnancy and I have reassured her on this score. She will however, get distal problems with her back and I have warned her of this. At the present time we do not know whether the virus will be transmitted to the neonate. The amount of non-A/non-B virus in the blood is much lower than with Hepatitis B virus and for this reason the level of infectivity to the infant should be lower. I have not mentioned this aspect of the problem to her."*

15. That paragraph appears to confirm that by 20 June 1985, the witness had been informed by Professor GRO-D that she had contracted non-A/non B Hepatitis. The Professor's reference to having *"not mentioned this aspect of the problem to her"* clearly relates specifically to the issue of neonatal transmission, and not the test result.

16. Moreover, the diagnosis and treatment of non-A/non-B Hepatitis was Professor GRO-D specialty. He was regarded as a leading researcher in the field of viral hepatology and that is likely to be the reason that the witness was referred to him.

17. I have been provided with a copy of a letter from Dr Matthew Lyttleton dated 25 August 1987, **WITN3067007**, which was not amongst the records previously disclosed. The letter contains the following comment: *"After contracting non-A, non-B Hepatitis, following a Factor VIII infusion, she elected not to take the oral contraceptive pill any longer."*
This suggests she was aware of the diagnosis in 1987.

18. My letter of 18 September 1987, addressed "To Whom It May Concern" is also relevant. The final sentence of paragraph 2 of that letter confirms: *"She had a further attack of Hepatitis, probably non-A/non-B in 1985."* As W1056 confirms in her witness statement, this letter was written upon her request, and was therefore given to her to use as necessary, particularly with reference to her contemplated international travel.

CW

At paragraphs 17 to 20 of her statement Ms W states that in 1987 she met with you to discuss treatment options whilst living abroad. Ms W claims your failure to inform her of the infection in 1985 put both herself and her husband at risk. Ms W further states she requested a letter outlining her haemophilia care (exhibit WITN1056005) The letter referred to an "attack of Hepatitis" in 1985 that was probably non-A/non-B, but the significance was never explained.

19. The reference to "probably non A/non B" is also a direct quote from my letter of 18 September 1987, and should therefore also be in inverted commas.

20. The correspondence from which I have already quoted suggests that by 1987 W1056 had already been informed that she had tested positive for non-A/non-B Hepatitis. It may be that she had not understood the significance of that diagnosis, perhaps because the term Hepatitis C did not come into regular clinical use until 1990. Prior to the development of a definitive test in 1990, abnormal transaminase could be attributed to the infection with the non-A/non-B Hepatitis virus or could equally be attributed to diet, alcohol or obesity. In 1987 there was no knowledge of the sexual transmission of non-A/non-B Hepatitis and no evidence at that stage that non-A/non-B Hepatitis had any association with liver cancer. In those circumstances it is difficult to see how the Omani authorities could regard such a diagnosis as prohibiting entry to their country as suggested in W1056's witness statement.

Statement of Truth

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

Signed: Dr Eleanor Goldman GRO-C

Dated 17/8/2020

Table of Exhibits

Date	Notes/Description	Exhibit number
20 June 1985	Letter from Professor GRO-D	WITN3067004
18 September 1987	Letter from Dr Goldman	WITN3067005
13 April 2005	Letter from General Medical Council	WITN3067006
25 August 1987	Letter from Dr Lyttleton	WITN3067007