

Witness Name: Dr Jonathan Wilde
Statement No.: WITN3086003
Dated: 11 February 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JONATHAN WILDE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 made on 16 January 2020.

I, **Dr Jonathan Wilde**, will say as follows: -

Section 1: Introduction

1. My name is Dr Jonathan Thornton Wilde and my address is GRO-C GRO-C, Somerset, GRO-C My date of birth is GRO-C 1954. I hold the following professional qualifications:, MB& BChir (Cantab), 1979; MA (Cantab) 1980; MRCP, 1984; MD (Cantab), 1988; FRCPath, 1991.

2. Previous positions.

- Registrar in Haematology, Northern General Hospital, Sheffield Nov 1984 to Oct 1986.
- Lecturer in Haematology, Royal Hallamshire Hospital, Sheffield Oct 1986 to Oct 1988.
- Senior Registrar in Haematology, Royal Liverpool Hospital, Nov 1988 to Nov 1992.
- Consultant in Haematology with specialism in Haemostasis and Thrombosis and director of the Haemophilia Service, Queen Elizabeth Hospital Birmingham, Nov 1992 to Aug 2016.

I retired from all clinical practice in August 2016.

3. I was a member of the UK Haemophilia Doctors Organisation (UKHCDO) from 1992 to 2016 and a member of the UKHCDO transfusion transmitted infection working party throughout the life of this group from about 1996 to 2010.

4. Unfortunately, as these alleged incidents/events occurred many years ago I have no specific recollection of them. In addition, I understand the medical records may have been destroyed which makes it very difficult to respond in a meaningful way to what has been alleged. I have not been provided with any of the relevant medical records by the Inquiry. For that reason, I should like to reserve the right to make a supplemental statement, should the medical records be made available, and should that be necessary.

Section 2: Responses to criticisms made by Witness W1140 in statement number: WITN1140001

I shall deal with each in turn.

Paragraph 11- 13

1. Unfortunately as this incident occurred many years ago, I have no recollection of personally having tested this patient for HCV infection. As the majority of patients would have been tested for HCV by unit staff prior to my appointment as director of haemophilia at the Queen Elizabeth Hospital, Birmingham it is possible that he had been tested and may or may not have been informed of his infection prior to me meeting him. Review of the patient medical records, if still available, may help me to make further comment as to whether or not I personally tested him for HCV infection. Following my appointment the unit policy was to inform all untested patients they were being screened for HCV infection and to inform them of the test result in person. Counselling with regard to HCV infection would then be offered by unit staff to patients who tested positive but this would have been very rudimentary as in the early 1990s the natural history of HCV infection was still poorly characterised and no effective management was available. When I first met the patient, if I had been concerned about the condition of his liver through physical findings and review of blood liver function tests I would have referred him for a formal hepatology assessment. Some short time after my appointment I established a joint clinic with a hepatologist to which all HCV positive patients and previously untested patients were invited to attend. Based on blood liver function test results and clinical findings suggestive of HCV related chronic liver disease patients were offered a liver biopsy. Patients with liver biopsy findings suggestive of progressive HCV infection were offered a course of interferon and ribavirin drug treatment in an attempt to eradicate the virus. Without access to medical records I am unable to ascertain if the patient attended this clinic and if he did what was the outcome of his consultation.
2. I apologise that the patient felt that he had not been given sufficient information to understand and manage his HCV infection whilst he was under the care of my unit.

Paragraph 31

3. I am unable to comment on why the witness's parents were not given psychological support when her father was diagnosed with HCV and I cannot recollect if such counselling mechanisms were in place on my unit at that time. I am sorry that this has caused the patient and his family distress.

Section 4: Other Issues

N/A

Statement of Truth

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

Signed GRO-C

Dated 11/2/2020

Table of exhibits:

Date	Notes/ Description	Exhibit number