

Witness Name: Dr Jonathan Wilde

Statement No.: WITN3086005

Exhibits: None

Dated: 9 July 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, dated 20 May 2020 in response to criticisms made by **W1091** in **witness statement WITN1091001**

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

Section 1: Introduction

1. My name is Dr Jonathan Thornton Wilde MA, MB, BChir, MRCP, FRCPath, MD of GRO-C Somerset, GRO-C I was born on GRO-C GRO-C I retired from all clinical practice in August 2016.

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.

3. I was a member of the UK Haemophilia Doctors Organisation 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 (some nearly 30 years ago) I have no specific recollection of them. 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 W1091 in statement number: WITN1091001

I shall deal with each in turn.

Paragraph 87-90 inclusive:

5. As I mentioned above, without access to the medical records and without knowing the year/date of this consultation, it is exceptionally difficult to recollect specific events with any certainty. It is likely that I may have considered this patient to be so unwell and terminally ill due to his advanced HIV infection, that I felt a second opinion would unlikely yield any benefit. I appreciate that if this was the case, and the patient was thought to be close to the end of his life, this would have been extremely distressing news.
6. This consultation would have been around the time the highly effective HIV drugs were being made available. It is possible that these drugs were not available at the time of this consultation with me. Another possibility is, depending on the timing, that some of these new emerging drugs were available but were so toxic that in my opinion he was so unwell at the time that he would not be able to tolerate these and they may have hastened his

demise. The witness states himself that this might have been the reason for not getting him a second opinion. There was certainly no 'misplaced sense of patriarchal responsibility' on my behalf denying him a second opinion. I worked very closely with the HIV teams in Birmingham and would have become aware of any new HIV drugs as soon as they became available. Without access to timings between this consultation and his appointment with Dr White it is not possible to comment further. It is possible that Dr White started trialling the new medications and as soon as my social worker became aware of this I made the referral to Dr White for consideration of suitability to be prescribed the drugs.

Paragraph 113:

7. At the time the Skipton Fund payments became available for HCV infected patients coinfecting HIV patients were not eligible as they were receiving MacFarlane trust payments already. He only became eligible for this payment when the rules were amended/changed around the time he applied successfully for the payment.

Section 3: Other Issues

- 8.

N/A

Statement of Truth

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

Signed _____ GRO-C _____

Dated _____ 9/7/2020 _____