

Witness Name: Dr Michael Laffan

Statement No.: WITN308901

Exhibits: NIL

Dated: 8 May 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR MICHAEL LAFFAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 April 2019.

I, Dr Michael Laffan, will say as follows: -

Section 1: Introduction

1. My name is Michael Arthur Laffan. I am 62 years of age having been born GRO-C

GRO-C 1956. My address is known to the Inquiry.

2. My qualifications are:

- 1978 B.A Hons II Physiological Sciences
- 1981 B.M. B.Ch.
- 1984 M.R.C.P. (UK)
- 1991 M.R.C.Path
- 1993 DM
- 1996 FRCP
- 1999 FRCPath

3. My employment history includes:

Aug 1981- Jan 1982	H.S. to Mr K.Lloyd-Williams, Royal United Hospital Bath.
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Feb 1982- July 1982	H.P to Nuffield Department of Medicine. John Radcliffe Hospital Oxford
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August 1982-5	MEDICAL S.H.O ROTATION LEICESTER HOSPITALS Training in acute medicine, clinical pharmacology, haematology,
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cardiology

Feb 1985- Jan 1987	REGISTRAR IN HAEMATOLOGY Royal Postgraduate Medical School, Hammersmith Hospital, London
Jan 1987- Dec 1989	MEDICAL RESEARCH COUNCIL TRAINING FELLOW, Hon. Research Fellow, Hon. Senior Registrar, Royal Postgraduate Medical School and Hammersmith Hospital. Research position, no clinical duties.
Jan 1990 - Mar 1992	SENIOR REGISTRAR IN HAEMATOLOGY Royal Free Hospital, London. Training in haematology
April 1991 Mar- 1992	LOCUM CONSULTANT Katherine Dormandy Haemophilia Centre, Royal Free Hospital Supervised responsibility for patients with disorders of coagulation.
April 1992- date	SENIOR LECTURER IN HAEMATOLOGY, Later (2007) PROFESSOR OF HAEMOSTASIS AND THROMBOSIS Royal Postgraduate Medical School/ Imperial College London HONORARY CONSULTANT, Hammersmith Hospital Care of patients in general medicine and in general and non-malignant haematology including coagulation disorders. Later reduced to haematology only and finally to coagulation disorders only. Director of the Hammersmith Hospital Haemophilia Centre.

4. From 2010 to 2017 I was Secretary to the UK Haemophilia Centre Doctor's Organisation.

Section 2: Response to criticism made by Shelagh O'Shea

At paragraph 2.4 - 2.6 of her statement, Ms O'Shea states that you sent her a letter dated 6 January 1997 suggesting she was aware of Luke's hepatitis C diagnosis when she had never been informed. Please respond to this.

5. The letter is included in the papers provided to me by the inquiry and was sent to Ms O'Shea by me. I agree it suggests that I believed that Ms O'Shea was aware that Luke had been infected with hepatitis C. I would not have written the letter in this way had I not believed this to be true. I would not have intended to inform a patient or parent of a significant diagnosis by letter. I would like to sincerely apologise for this misunderstanding.

At paragraph 2.7 of her statement, Ms O'Shea states that you did not provide her with any information to manage or understand Luke's hepatitis C infection. Please respond to this.

6. Following receipt of the letter I met Ms O'Shea and Luke in clinic. My clinic note indicates that we discussed the diagnosis of hepatitis C and its implications. I believe the note indicates that we covered important aspects of what was known about hepatitis C at that time.

At paragraph 2.7 of her statement, Ms O'Shea states that you did not provide her with information regarding how and when Luke contracted hepatitis C. Please respond to this.

7. My clinic notes and letter from January 1997 indicate that we discussed the approximate time that the infection was acquired and how hepatitis C is transmitted.

At paragraphs 2.11 and 2.13 of her statement, Ms O'Shea states that your approach to informing her of Luke's diagnosis was patronising, condescending and arrogant. Please respond.

8. I apologise for creating this impression. I did not intend to deliver new information regarding the diagnosis in this way. It resulted from a misapprehension on my part that I had already communicated this in a previous clinic visit. The letter itself was prompted by the fact that I had not seen Luke in clinic for review for over 2 years and indicates my concern that his health should be reviewed.

At paragraph 6.1 of her statement, Ms O'Shea states that after Luke was diagnosed with hepatitis C you did not refer him to counselling services for 21 years. Please respond.

9. I regret that I was not aware of the emotional impact the diagnosis had had on Luke for such a long time. I was first made aware of this when he made an appointment in December 2017 to ask for my help completing a form. When he explained the difficulties he was having I immediately investigated the available counselling services and put him in touch with them.

At paragraph 8.7 of her statement, Ms O'Shea states that when you taught her how to perform intravenous injections on Luke, you did not provide her with safety advice despite being aware that Luke was infected with hepatitis C. Please respond.

10. I cannot recall this in detail. Although I likely discussed the principles of intravenous infusion, the actual instruction would most likely have been performed by the nursing staff from the haemophilia centre. However, I take overall responsibility for this and the safety aspects of hepatitis C infection should have been explained at that time.

Section 3: Other Issues

11. There are no other issues which I wish to raise.

Statement of Truth

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

Signed _____

GRO-C

Dated _____

8th MAY 2019