

Witness Name: Professor Charles Richard
Morris Hay
Statement No.: WITN3289174
Exhibits: NIL
Dated: 25/08/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHARLES RICHARD MORRIS HAY

I provide this statement in response to a request under Rule 13 of the Inquiry Rules 2006 dated 2 June 2021.

I, Professor Charles Richard Morris Hay, will say as follows: -

Section 1: Introduction

1. Professor Charles Richard Morris Hay MBChB MD FRCP FRCPath
Consultant Haematologist Manchester Royal Infirmary since December 1993.
Director Manchester Adults Haemophilia Comprehensive Care Centre since December 1993
Professor of Haemostasis and Thrombosis.
Senior Lecturer in Haematology Liverpool University and Director Liverpool Haemophilia Centre, Royal Liverpool Hospital 1987-1994.
Director UK National Haemophilia Database since 2002.
Member United Kingdom Haemophilia Centre Directors (later Doctors) Organisation ("UKHCDO") Regional Committee and then Advisory Committee since 2007.
Vice Chairman UKHCDO 1997 to 2005.
Chairman UKHCDO 2005-11.
I have already provided my full Curriculum Vitae to the Inquiry
2. In May of 1987, I took up post as Senior Lecturer in Haematology and Honorary Consultant Haematologists and Director of the Liverpool (Adults) Haemophilia Centre, based at what was then known as the Royal Liverpool Hospital. Although nominally only 6/11 of my sessions were clinical, I was the only specialist in

Thrombosis and Haemostasis (both for adults and paediatrics) in the Mersey region and serving North Wales. I also had responsibility for management and follow up of a third of all the Malignant and General Haematology coming into the Royal Liverpool Hospital including bone marrow transplantation. This situation continued until 1992, when I was finally able to give up malignant haematology. I was on-call one day in three for most of the time from 1987 until 1994. I left this post in December 2004 to take up post at Manchester Royal Infirmary. In the 25 years that have elapsed since then there has been no change in the number of support staff for Haemophilia but the consultant numbers have increased to four.

3. Witness W4715 has stated *"Dad unexpectedly died [on 31/1/1991] in the Royal Liverpool Hospital. They were talking about performing a post mortem but Dr Hay disagreed and blocked it. Viral Pneumonia was then named as the main cause of death on Dad's Death Certificate"*.
4. I do not have access to the medical records for Witness W4715. I am led to believe that the records were destroyed after 8 years, which is the normal course of events.
5. I have no recollection in relation to this specific concern. However, I have never "blocked" a post mortem examination ("PME"). PME's have to be specifically requested unless it is a coroner's case, in which case a PME is automatically conducted. There may have been discussion amongst the managing clinicians about the need for a PME and there may have been differences of opinion. Even in 1991, however, few PME's were conducted and these days they are quite uncommon. PME is generally reserved for specific indications by law (i.e. Coroner's cases), or for those cases where the precise cause of death is not clear, and where it is thought that a PME will be helpful, including in order to fill out the death certificate accurately. In this case I would infer that Witness W4715's late father's cause of death was not significantly in doubt and that therefore it was not felt necessary to conduct a PME.

Statement of Truth

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



Signed

Dated 25/8/2022