

Witness Name: Dr Allan John Morris
Statement No.: WITN3362003
Exhibits: Nil
Dated: 28/06/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ALLAN JOHN MORRIS

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 22 March 2022.

I, Dr Allan John Morris, will say as follows: -

Section 1: Introduction

1. Dr Allan John Morris, Gastroenterology Department, Glasgow Royal Infirmary, 84 Castle Street, Glasgow G4 0SF

Date of Birth: GRO-C 61

MBChB FRCP UK

2. Consultant Gastroenterologist, Glasgow Royal Infirmary, Glasgow 11/1995 - current appointment.
3. Previously assisted Lord Penrose with his Inquiry into Hepatitis C, in particular, I addressed topic C5 and C6 within the terms of reference of the Inquiry including the information given to patients and their family along with information on the treatment and its impact on patients and their families.

Section 2: Response to criticism by GRO-B

4. In his witness statement Mr GRO-B **said as follows:**

Paragraph 24. Although I am grateful that I received the initial Interferon treatment, I feel I should have been offered PEGylated Interferon as I heard that this had a greater chance of working with my genotype. I am unsure why I was not offered this instead of just plain Interferon.

5. To allow me to respond to the criticism made, with the permission of the Inquiry, a search has been made of the case records held in the haemophilia unit, Glasgow Royal Infirmary containing discharge summaries and clinical records but in addition the Scottish National Hepatitis C database to establish statement of fact.
6. In response to the issue raised in paragraph 24 of the witness statement I confirm I was a Consultant Gastroenterologist at Glasgow Royal Infirmary, with an interest in management of Hepatitis C patients from November 1995.
7. I initiated a dedicated Haemophilia/Hepatitis C clinic at Glasgow Royal Infirmary on my appointment in November 1995. Mr and Mrs GRO-B were amongst the first patients that I met in the haemophilia unit in November 1995 and I remember him well.
8. At the first appointment I was accompanied by Sister M Neilson and we shared with Mr GRO-B our knowledge of Hepatitis C, risks of transmission and treatment of hepatitis C with Interferon monotherapy, including a discussion on success rates and side effects of treatment.
9. In addition, we sought to reassure Mr GRO-B that, in our opinion, fortunately he had only mild Hepatitis C in terms of liver damage. It was always made clear by Mr GRO-B the significant impact he felt emotionally and psychologically by being infected with Hepatitis C. He was offered continued support with our Hepatitis service via Sister Neilson our Hepatitis C nurse should he request this.
10. Mr GRO-B was offered interferon monotherapy and after consideration decided to proceed with this treatment on the understanding that his Hepatitis PCR would be tested after three months of treatment and if this was positive it would be discontinued.
11. Unfortunately, Mr GRO-B struggled to complete three months of treatment due to recognised side effects of Interferon and a flare up of his skin condition but with support was able to do so. His PCR remained positive and therefore treatment was discontinued in 1996.
12. In August 1996 we discussed combination Interferon and Ribavirin re treatment with Mr GRO-B but due to the previous experience with Interferon based treatment he declined to proceed. This decision was reviewed in 1999 and 2002 clinic appointments and he decided he did not wish to proceed.
13. Mr GRO-B was not offered Pegulated Interferon for Hepatitis C based on his decision not to proceed with further Interferon based treatment for Hepatitis C

which we supported. This decision was based on the side effects Mr. **GRO-B** had experienced with non Pegulated Interferon, the evidence of only small incremental gain in achieving a sustained viral response when using PEG interferon monotherapy over Non Peg interferon and our anticipation that combination therapy with Ribavirin would become available shortly thereafter which might offer a better response to treatment.

14. Pegulated Interferon was not available in 1995 when Mr. **GRO-B** first attended the clinic and so he was offered our optimum treatment regime available at that time.

Section 3: Other Issues

15. None.

Statement of Truth

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

Signed _____ **GRO-C** _____

Dated 28/6/22