

Witness Name: Dr Allan John Morris  
Statement No.: WITN3362004  
Exhibits: Nil  
Dated: 02/05/2023

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF DR ALLAN JOHN MORRIS**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 2<sup>nd</sup> December 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 – February 2022.
3. Previously assisted Lord Penrose with his enquiry 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: Responses to criticism by W3612 on behalf of her late Mother**

4. The criticisms I have been asked to address are:

##### **Paragraph 19**

Once diagnosed, my mother was referred to Dr Morris at Glasgow Royal Infirmary for further liver tests. In 1996 he told my mother that she had Hepatitis C or as noted in her medical records "Chronic Hepatitis secondary to Hepatitis C". This was the first time she was informed of this diagnosis. My mother had no concept of what this meant nor did she know or understand that they were carrying out tests for this. She received no prior counselling regarding the impact that a positive result could have upon her life. She was very upset and told me that she had Aids and was dying. Clearly my mother was unable to comprehend what her diagnosis meant.

5. In response to the issues raised in paragraph 19 of the witness statement I did not receive a referral until November 1997 to offer her care for her Hepatitis C. It is not accurate to state that I told witness W3612's late mother about the diagnosis in 1996 as she was not under my care at that time. She was under the care of Dr Datta in NHS Lanarkshire when she must have been informed of her diagnosis.

#### **Paragraph 66**

**As my father took redundancy to become my mother's primary carer, money was becoming more of a problem as there was no longer a full time wage coming into the house. My mother applied for a Skipton payment in 2004. Sadly, Dr Morris delayed signing the application. My mother and father needed this money to help live on as they survived on low rate Disability Living Allowance.**

#### **Paragraph 67**

**As a result of this delay, my Dad's brother who lived in America sent £50,000 to my parents as they had no money to survive on and would have been destitute. My siblings and myself personally paid for things such as fuel and car repairs to help them out. Eventually Dr Morris signed the application, confirmed my Mothers illness to the Skipton fund and when they received a payment they were able to pay off their Mortgage. It was another bill that they didn't have to worry about.**

6. In response to the issues raised in paragraph 66 and 67 I confirm that I received a request from Messrs Thompsons solicitors to complete a Skipton compensation form for witness W3612's mother in August 2004 requesting the form be returned to their office. I corresponded with them at that time indicating that there would be a delay in completion of the form due to the volume of such requests from all the patients under my care. In addition I indicated that the Skipton form explicitly stated that it should be submitted directly to the fund not via a third party. Further delay occurred awaiting a response to my correspondence from Thompsons solicitors.
7. On receipt of the completed Skipton form in my office, witness W3612's mother, and her agents omitted to tick the section of the form giving permission for details of her medical records to be released to the Skipton fund assessors. Further delay occurred until I finally received the appropriate authority to proceed in April 2005 from witness W3612's mother. There is documentation in the clinical notes that all these issues were fully explained to witness W3612's mother and her husband.

#### **Paragraph 72**

**In August 2005 my brother wrote a letter, dictated by my mother, to Dr Morris advising that as a family we were not happy with standard of his care. All he was doing was taking routine bloods and nothing else, no other therapies or treatments were offered - there was no advice, no counselling, no real indication of the severity of this disease or even steps we ourselves could have taken to alleviate some of her symptoms and suffering.**

**Paragraph 73**

**Dr Morris delayed the progress of my mother's Skipton fund application even though she clearly qualified for this and her liver was in a Cirrhotic state and the letter complained about this delay also. Dr Morris was not happy about the letter, the complaint to the trust and the criticism within and thus refused to treat my mother any further. My brother was present at the meeting in his office when he advised my mother of this decision. Dr Morris progressed to remove my mother from his list and refer her to another clinic.**

8. In response to criticism in paragraph 72 of the witness statement I confirm that witness W3612's mother was first seen and assessed in my dedicated Hepatitis C Liver clinic in 1998 following referral from Dr Datta, Consultant Physician in NHS Lanarkshire.
9. I had received specific training on management of patients with Hepatitis C whilst a senior Registrar in 1994 in Birmingham. A significant part of the Training and Management that I received was about clear communication in an open and supportive environment with the patient and family of an individual infected with the Hepatitis C virus. In early 1996, we appointed a Clinical Nurse Specialist who was also trained on the clinical, social and emotional issues faced by patients who had unfortunately become Hepatitis C infected.
10. We developed patient specific pathways and protocols and a major emphasis at that time was on accurate verbal and written communication delivered in a supportive environment. We developed our own information sheets and were able to guide patients to websites where we felt the information available was likely to be accurate and helpful although limited in scope. In addition, we formed direct links with Dr Roger Wong, Consultant Psychologist and when we identified patients who had ongoing psychological issues a direct referral was made. At all times we recognised the emotional, psychological and social impact of the diagnosis of Hepatitis C.
11. It is documented in the clinical notes that witness W3612's mother was seen, assessed and supported not only in the initial stages of her assessment, but throughout the care she received at Glasgow Royal infirmary as my patient in outpatient clinics, also by specialist liver nurses and junior medical staff.
12. In most of the clinical consultations at Glasgow Royal infirmary witness W3612's mother was seen accompanied by her husband and after completion of treatment attempts for Hepatitis C. She was informed of the rational choice of available treatments. Also she was supported throughout treatment, especially when she suffered side effects of treatment but also when disappointingly she failed to respond to the Hepatitis C treatment.

13. When initially assessing witness W3612's mother a liver biopsy was performed. This confirmed fibrosis but not cirrhosis at initial assessment. This was an important factor in the submission on behalf of witness W3612's mother to the Skipton Fund.
14. Witness W3612's mother received all treatment options available, at that time, for her Hepatitis C whilst under my care. She received combination therapy with interferon and ribavirin in March 1999, unfortunately she experienced significant interferon related side effects and needed considerable support to complete this treatment. Ribavirin treatment was discontinued due to haematological abnormalities (low platelets). In consultation with witness W3612's mother we agreed that no further Interferon based treatment regimes should be pursued. Unfortunately, in the absence of alternative treatments until after she left my care we had to offer only observation in the liver clinic to ensure no evidence of liver failure developed.
15. Witness W3612's mother did receive ongoing support whilst attending the liver clinics and it is noted in clinics letters that apart from longstanding joint discomfort and fatigue she offered few other complaints.
16. In 2005 I did receive a letter from witness W3612's mother's son which included several issues of concern from witness W3612's mother's family about her care. I found these to be inaccurate, personal in nature and did not reflect the efforts we had made to treat and support witness W3612's mother.
17. As a result of this correspondence I felt there was an irretrievable break down in doctor patient relationship and that it would be in witness W3612's mother's best interest that she should be referred to another Hepatitis C specialist, Dr Peter Mills in Glasgow. Witness W3612's mother declined this offer and we agreed she should be referred to my Colleague, Dr A Stanley who delivered her Hepatitis C care thereafter at Glasgow Royal Infirmary.
18. Given the training I received along with an appreciation of the severe impact many patients described on their health, families, quality of life and employment I do not recognise the accuracy of the actions alleged by witness W3612's mother on my behalf during her care.

### **Statement of Truth**

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

Signed

GRO-C

Dated

02/05/2023