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Witness Name: GRO-B

Statement No: WITN3442001

Exhibits WITN3442002 -13

Dated: X 28th October 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 15 July 2019.

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is Dr GRO-B. My date of birth is GRO-B 1932 and my address is known to the Inquiry. I am a GRO-B now retired.
2. I intend to speak about my late wife GRO-B: W a GRO-B date of birth GRO-B 1938. As a result of reading evidence given by victims to the inquiry I was prompted to review the records that my wife had collected on her medical treatment from the date she received a blood transfusion. I believe this research revealed that my wife was infected with Hepatitis C Virus ("HCV") as a result of receiving a contaminated blood transfusion.

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3. In particular, I intend to relate the history of her illness following the blood transfusion, the diagnosis of her liver disease, and the medical treatment she subsequently received.
4. I confirm that I have chosen not to be legally represented and I am happy for the Inquiry team to assist me with my statement.
5. I confirm that I would like to claim anonymity for the protection of the privacy of myself and my family.
6. I can confirm that I have had explained to me the use of my statement form. I am happy to sign the consent form on the basis that it will be submitted when my statement is signed.

Section 2. How Affected

7. The history of the diagnosis/mis-diagnosis, and treatment of her liver disease, from the time she received the blood transfusion in 1986 to her death in 2014, is detailed below together with a number of the exhibits which provide supporting information, namely associated medical records and documentation she received during that period.
8. On the 13th of June 1986, my wife was admitted to the private GRO-B
GRO-B (under my then employers private health care scheme) for a hysterectomy operation. **(See Exhibit WITN3442002)** She was found to be anaemic from the pre-medical and required a blood transfusion before the operation. I myself did not witness this transfusion and was only informed about it when I visited my wife later on.
9. I was with her in the hospital following the operation, when the surgeon came to see how she was recovering. Previously, I had just expressed to her my concern that she had received a blood transfusion and explained that I had recently read an article in the "New Scientist" magazine, regarding a new

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disease that could be transmitted through blood transfusion. We related our concern to the surgeon, Dr [GRO-B] but he dismissed it out of hand.

10. In 1988, my wife was feeling unwell and went to see her GP. He referred her to a Dr Thirkettle at [GRO-B]

11. Investigations, including a blood test and endoscopy were made and he informed my wife that they indicated a problem with her liver. I would not normally accompany [GRO-B: W] on GP, hospital and diagnostic test appointments. She would always fully appraise me, later on, of what took place. When her health deteriorated, I did then accompany her.

12. Monitoring/Testing was continued at [GRO-B] under Dr Thirkettle until the company changed their employee health care insurer from PPP to Medical Care in 1990.

13. Medical Care refused to accept any further claims for monitoring at [GRO-B] [GRO-B] on the basis my wife was not receiving treatment.

14. They did not accept the argument put forward by Dr Thirkettle that although my wife was not receiving medication, monitoring would facilitate intervention at the appropriate time.

15. As a result of this decision by Medical Care our GP referred her care for the liver illness to [GRO-B] She received care under the National Health Care ("NHS"). She continued to be monitored, again by Dr Thirkettle, from 1990 until 1993.

16. Her care was then passed on to a new consultant, Dr [GRO-D], and he diagnosed her liver problem as Autoimmune Hepatitis. My wife asked if this could have been acquired as a result of the blood transfusion that she had received in 1986. He replied in the negative and explained that it occurs when the body's immune system attacks the liver. The reason why this happens is not known.

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17. He advised her that he was prescribing a combination of a strong steroid Prednisolone (to reduce the inflammation of the liver) and Azothioprine (to reduce the activity of the immune system).
18. The strong dosage of the steroid caused a rapid increase in her weight. In 1997/1998 the consultant reduced the level of the steroid medication and the Azothioprine was stopped. She received no other treatment.
19. In 2010 my wife was diagnosed with kidney disease and in 2011, Dr [GRO-D] left the Surrey and Sussex NHS Trust.
20. In August 2011, the medical care for my wife; with regard to her liver disease, was passed to a Dr [GRO-B]. This followed the first consultation, where [GRO-B: W] informed me that he told her that he considered that the diagnosis of Autoimmune Hepatitis may have been incorrect and he would request another consultant to review her condition. The comment regarding a possible incorrect diagnosis was not mentioned in the referral letter. **(See Exhibit WITN3442003)**
21. In November 2011, her condition was reviewed by a Dr Stenner who requested further blood tests, with an intention to see her in four months. From this point on he became responsible for her treatment in relation to her liver disease. **(See Exhibit WITN3442004)**
22. The outcome was no change in diagnosis or treatment.
23. In March 2012, my wife had a fall at home and fractured her left leg femur. She was admitted to East Surrey Hospital, Canada Avenue, Redhill, RH1 5RH ("Redhill"), where she underwent surgery. It was also found that [GRO-B: W] had prominent haemorrhoids, the surgeon on the ward proposed an operation to treat the condition. He advised that this operation could result in a considerable loss of blood and the need for a blood transfusion. My wife indicated that she did not wish to go ahead with the operation as she was convinced that her liver problem was associated with her previous blood transfusion, and she confirmed the decision following a discussion between [GRO-B: W] and myself. The main

concern was the possible large loss of blood and the inability to stop the bleeding. **(See Exhibit WITN3442005)**

24. In April 2012, [GRO-B: W] became ill with severe diarrhoea, developed complete memory loss, and was re-admitted to East Surrey Hospital. She was diagnosed with being infected with C Difficile (almost certainly acquired from the patient in the bed adjacent to her when in the hospital a few weeks earlier). Following fluid resuscitation and treatment with an antibiotic my wife was discharged. I was advised that the memory loss was due to severe dehydration. It did recover but from then on, I noticed a gradual deterioration. **(See Exhibit WITN3442006)**

25. Several weeks later, on 11 June 2012, my wife again became ill with severe diarrhoea and was re-admitted to East Surrey Hospital. Tests showed she was still infected with C. Diff and was again treated with an antibiotic. [GRO-B: W] was discharged three days later and provided with a course of the antibiotic. **(See Exhibit WITN3442007)**

26. In January 2013, my wife was seen by a consultant, Mr Smith as a follow up to a further admittance to the A and E East Surrey Hospital in November 2012. He advised that an operation would be very risky and it was agreed to put it on hold for the time being. **(See Exhibit WITN3442008)**

27. In 2013, I started to noticed that [GRO-B: W] was becoming lethargic and having problems with her memory during the night, and very first thing in the morning. Once [GRO-B: W] was up and about the problem disappeared. I consulted the literature [GRO-B: W] had obtained from the Liver Trust to see if this cognitive problem could be associated with her liver disease. The literature indicated that she could now also be suffering from Hepatic Encephalopathy as a result of the cirrhosis. It also stated that the condition could be aggravated by medications the patient may be taking. I therefore accompanied [GRO-B: W] into the consultation room to raise this new development, on her next appointment with Dr Stenner on 18 September 2013. Dr Stenner was not convinced that the problem was due to the liver disease but did agree to our suggestion that trials be carried out at home to see if there was an improvement as a result of

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withdrawing certain medications. In the meantime, he would request her GP arrange for dementia tests. Tests arranged by her GP revealed GRO-B: W did not have dementia. (See Exhibit WITN3442009)

28. On 22 September 2013, GRO-B: W was admitted to East Surrey Hospital following a severe bleed at home. Discharged the next day. (See Exhibit WITN3442010)

29. The following year, on the 10 March 2014, I was unable to awaken GRO-B: W and called an ambulance and she was admitted to East Surrey Hospital. She recovered following treatment and was discharged on 13 March. (See Exhibit WITN3442011)

30. On the 11 April 2014, GRO-B: W was again admitted to East Surrey Hospital following a severe bleed at home. Despite treatment for both the liver and kidney disease it became obvious that her condition was worsening. The medical team discussed all the latest test results with me and it was agreed that GRO-B: W would be more comfortable at home. This was very much in accordance with the wishes that she had already expressed to me. GRO-B: W was discharged on 07 May 2014. (See Exhibit WITN3442012)

31. On GRO-B 2014, GRO-B: W died. (See Exhibit WITN3442013)

32. I would like to state that my wife never used intravenous drugs nor had any tattoos. We were happily married and as far as I am aware, she had no other blood transfusions.

33. My wife was repeatedly assured that the cirrhosis of the liver, caused by the autoimmune hepatitis, was not a result of the blood transfusion. My wife and I were always convinced that in some way the two were interconnected. This belief was amplified when GRO-B: W discovered that two other women living in the local area had also been diagnosed with autoimmune hepatitis following a blood transfusion, at around the same time.

Diagnosis of HCV

34. Until the opening the Infected Blood Inquiry, I was under the impression that the NHS cover-up scandal was solely related to infections received through blood products supplied to haemophiliacs. As the victims' stories emerged, I became aware that patients had also been infected with HCV through contaminated blood transfusions. This fact prompted me to check whether GRO-B: W had received her blood transfusions in the relevant time period and whether an infection with HCV could have resulted in cirrhosis of the liver. I found that the answer to both was in the affirmative, which led me to examine in detail the medical records she had received, to see if there was evidence of a possible cover-up.

35. As a result of this detailed examination, I was shocked to find that both GRO-B: W and I had failed to notice that the Discharge Summary (**Exhibit WITN3442005**) given to her; following an emergency admission to Redhill Hospital in March 2012, listed "hepatitis C" as a secondary diagnosis. Autoimmune hepatitis was not included. The detailed examination of these records is shown below.

36. In 1993, Mr GRO-D, Consultant at GRO-B Hospital, informed GRO-B: W that the cause of her liver malfunction; tracked since 1998, was cirrhosis resulting from autoimmune hepatitis disease. I have now researched that a blood test to identify whether a person was infected with HCV was available in 1993. I would therefore expect Mr GRO-D would/should have immediately arranged for such a test to be carried out since, as mentioned earlier, GRO-B: W specifically inquired of him if the autoimmune disease could have resulted from a blood transfusion she received in 1986.

37. After the departure of Dr GRO-D in 2011, my wife had an appointment with a Dr GRO-B and he informed her that the diagnosis of autoimmune hepatitis; as the cause of the cirrhosis, may have been incorrect. No reference was made to this however in the letter requesting a Dr Stenner to review her liver disease. (**Exhibit WITN3442003**). In the course of the detailed review, I discovered that

in 2014, in the Discharge Summary, as the Discharging Consultant, Dr **GRO-B** placed question mark against autoimmune hepatitis as the cause of the cirrhosis. **(Exhibit WITN3442011)**

38. This review indicates a reason why the diagnosis of HCV suddenly appears in some of the medical documentation issued by East Surrey Hospital regarding my wife; from March 2012 onwards, I believe it was as a result of standard precautionary blood tests carried out on a patient prior to a major operation. She was admitted to the hospital and operated on following a fall at home in March 2012. **(Exhibit WITN3442005)**

39. I found that HCV was included in three of five subsequent Discharge Summary Reports following my wife's admission to the Hospital via A and E **(Exhibits WITN3442006/7&10)**. Dr **GRO-B** was the Discharging Consultant when HCV is not included in the other two Discharging Summary Reports. The first of these two is the one where he questions the autoimmune hepatitis diagnosis in April 2014. **(Exhibit WITN3442011)**. The second; when **GRO-B: W** was discharged to home to receive palliative care, is very notable as neither HCV nor autoimmune hepatitis, for the first time, is not included in the Diagnosis List **(Exhibit WITN3442012)**. It is apparent to me that Dr **GRO-B** disagreed with the autoimmune diagnosis, and in light of **GRO-B: W**'s symptoms, why did he not request a blood test for HCV?

40. It is also very important to note that Dr Stenner, who was requested to review and take over her care with regard to her liver disease in November 2011, was the Discharge Consultant in one of the instances where HCV is included, May 2012 **(Exhibit WITN3442006)**. He failed, however, to inform my wife that she was infected with HCV during an appointment with him September 2013. The report of the meeting is headed with question marks against the cause of the cirrhosis and the Autoimmune Hepatitis diagnosis. This was not discussed with my wife and to my mind shows that he was aware that it may be a flawed diagnosis. This in turn raises the question of why there was no test at this point for HCV, a well-known cause of cirrhosis. **(Exhibit WITN3442009)**.

41. In January 2013, [GRO-B: W] was examined by a consultant, Mr Neil Smith, with a view to understanding an operation which would assist in preventing the heavy and prolonged bleeds that had necessitated the frequent emergency hospital admissions. I found that in a letter regarding this consultation, copied to my wife, he also includes HCV as one of her medical conditions. **(Exhibit WITN3442008)**

42. Neither my wife or I were ever informed verbally or in writing, by anyone treating my wife for her liver disease, that she had been infected with HCV. I only recently became aware that she could have been so infected as a result of the publicity arising from the Infected Blood Inquiry. The result of a detailed study of the medical information that she received over the years, that I subsequently carried out, showed that from, and including, March 2012, information issued by medical staff "*not predominantly responsible for treating her for her liver disease,*" all included HCV in the list of her ailments.

43. My wife often suffered onsets of heavy bleeding as a side effect of the liver disease, and on occasions required her to be admitted to Redhill Hospital via A and E. This bleeding would come without warning and leave substantial amounts of blood in our home that needed to be cleaned up. When [GRO-B: W] was informed in 1993 that her liver disease was a result of Autoimmune Hepatitis, she was assured that the disease was not infectious. In view of this advice, I did not take any special precautions when carrying out the cleaning up operations. Failure to inform my wife that the cause of her liver disease was HCV, not Autoimmune Hepatitis, now also puts my health at risk.

Section 3. Other Infections.

44. To the best of my knowledge, I do not believe that as a result of her blood transfusion, my wife contracted any other infections.

Section 4. Consent

45. I have been asked if I believe that my wife was ever treated or tested without her knowledge or consent, and I believe the answer is no. However, I cannot answer as to whether she would always have been aware as to why or what she was being tested for. Having said that, I believe that my wife consented to the blood transfusion. She never said that she did not consent and I certainly do not recall her ever mentioning that she was advised about the potential risks associated with such a procedure.

46. Although my wife and I were convinced that her liver disease was associated with her blood transfusion, she was never informed by any of the medical persons treating her for the liver disease that she had been infected with HCV. She remained remarkably cheerful up and until two years before her death.

Section 5. Impact.

Mental/Physical Effect.

47. The mental and physical conditions, medical complications or conditions resulting from the infection together with the course of her illness have been detailed above. The kidney conditions and complications resulted from the high dosage of steroid medication prescribed to treat liver disease. Towards the end of her life, my wife developed hepatic encephalopathy as a result of the liver disease. She suffered a number of serious bleeds and experienced fluid build-up in her abdomen.

48. My wife never complained. Right up until the end she remained upbeat and optimistic. She did not suffer from depression despite her situation and the many conditions she was afflicted with but she could not understand why the medical profession could not successfully treat her – she was never aware she had HCV.

49. I became her carer from 2012 to 2014 and was responsible for looking after her needs on an almost 24-hour basis. This included washing and dressing her, preparing her meals, shopping – all domestic chores. From time to time I was helped by one of my sons but for much of the time it was me on my own. It often meant that I had little time to sleep as GRO-B: W experienced many problems at night.
50. It was mentally draining and physically demanding. Providing care meant lifting and moving GRO-B: W and, as mentioned, she had gained weight as a consequence of her earlier treatment. As a result, I later developed a hernia which was successfully treated.
51. It is heart-breaking to watch the person you love and have been with through so many good times slowly deteriorate in front of you, knowing that their life is ebbing away. Although emotionally draining, you have to do what you can to ensure their dignity and make them as comfortable as possible in that time. What is annoying is knowing, in retrospect that more could possibly have been done to ease that suffering and possibly even to have prevented it in the first place.
52. I have been asked if there was any financial loss experienced as a result of my wife's infection but the answer is no. I was retired at the time. In respect of our two sons, there was no particular effects suffered by them on their education or private lives as both were grown up and left home before the main issues arose.
53. From 1990, to 1993; following the blood transfusion in 1986 and identification of a liver function problem, Dr Thirkettle failed to identify the cause, or prescribe medication, to treat the problem despite numerous blood tests and other investigative procedures. In 1993, a Dr GRO-D took over responsibility for her care and diagnosed Autoimmune Hepatitis as the cause of the problem. He prescribed medication to treat this disease until he ceased to be employed at GRO-B in 2011.
54. My investigation included research on the internet to ascertain a date a blood test was widely available to identify if a person was infected with HCV. Also, to

ascertain when a tolerable treatment was available to treat this disease. The search indicated that a test was available in 1992, and a treatment was available in 2001.

55. On the assumption that these dates are correct, Dr Thirkettle could be given the benefit of the doubt for not identifying that my wife had been infected with HCV. Dr [GRO-D], however, did not diagnose that my wife was infected with HCV, which if he had so, could have enabled her to receive the appropriate treatment when it became available; circa 2001. He was fully aware that my wife had received a blood transfusion in 1986; as she specifically asked him in 1993, when he informed her that she had Autoimmune Hepatitis, whether it was a result of this blood transfusion. Why in all the time that he treated her did he not at least test to eliminate HCV?

Section 6. Treatment/Care/Support

56. My wife was never informed that she had been infected with HCV disease and as a consequence, she was not offered, nor sought, treatment for HCV. Evidence that she had indeed been so infected, only came to light as a result of my recent detailed study of the medical paperwork that my wife had received and filed.

57. When my wife developed Hepatic Encephalopathy, as a result of her liver disease, the hospital consultants informed me that they wished to prescribe the drug Refaximin. However, the hospital would not allow them to do so on cost grounds. Later, her health deteriorated seriously due to the Encephalopathy, and I arranged to see our GP with a view to discussing the viability of purchasing the drug ourselves. I explained the situation to him and he said that he would prescribe the drug. I obtained the medication and supplied it to the Hospital for them to administer. By then, it was too late to have any effect and she was discharged home for palliative care.

58. I can confirm that my wife and my family have never been offered any psychological support.

59. I can also confirm that during my interview with the Inquiry, I have been informed about the access to the support mechanism that the British Red Cross provides.

Section 7. Financial Assistance

60. As we were not made aware of any potential diagnosis with HCV, we never applied for or received any financial assistance.

Section 8. Other Issues

61. My hope is that this evidence will assist the Inquiry to uncover the reason why my wife and other victims were never informed by Hospitals that they had been infected with HCV, and as a consequence, were never treated to cure their infection, and therefore the associated liver disease.

62. In retrospect, it appears that my wife and I were too ready to accept without question the diagnosis of Autoimmune Hepatitis as the cause of her cirrhosis in 1993. Research would have highlighted the information that this is a very rare disease; only 10/17 cases per 100,000 head of population. Alarm bells would then have rung when my wife discovered in casual conversations that two other ladies living in the local area had also been diagnosed with liver disease caused by Autoimmune Hepatitis following a blood transfusion. My wife would have immediately questioned the correctness of the diagnosis and focused on the blood transfusion as being responsible for her liver disease, and may have picked up at an early date that patients have been infected with HCV via blood transfusion.

63. It is very unlikely, therefore that both my wife and I would also have failed to spot that HCV was included in the list of her diagnosed diseases contained in the Hospital discharge paperwork following three separate admissions via A

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and E (**Exhibits WITH3442006/7&10**) and additionally, in a letter from a Consultant (**Exhibit WITH3442008**).

64. I also wish to record that my wife complained to me on numerous occasions, following consultations regarding treatment for her liver disease, that she had been told once again that her medical notes had been lost/mislaid. To the best of my recollection they were those prior to 2010.

65. I failed to understand, purely on medical grounds, why my wife was not diagnosed and subsequently treated for the HCV infection by the year 2001. I believe if she had received the correct medical treatment, her life would have been prolonged and not had to endure the pain and suffering in the final years of her life.

Statement of Truth

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

Signed X

GRO-B

Dated X 28th October 2022