

Witness Name: Professor Helen Reeves
Statement No.: WITN3450001
Exhibits: WITN3450002
Dated: 13th June 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR HELEN REEVES

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 22 May 2019 and addressed to Dame Jackie Daniel, Chief Executive of The Newcastle upon Tyne Hospitals NHS Foundation Trust.

I, **PROFESSOR HELEN REEVES**, will say as follows: -

Section 1: Introduction

1. My full name is Professor Helen Louise Reeves BM; BS; BMedSci; FRCP, PhD. My date of birth GRO-C 1967. My professional address is Freeman Hospital Newcastle upon Tyne. I am a Consultant in Gastroenterology and Professor of Liver Cancer. I am employed by Newcastle University and have an honorary clinical contract with The Newcastle upon Tyne Hospitals NHS Foundation Trust. I have been a Consultant with the Trust since 2004.
2. In my current role at The Newcastle upon Tyne Hospitals NHS Foundation Trust I am a Consultant Hepatologist. I have responsibility for the treatment of patients with liver disease and liver cancer. I also supervise and delegate work to junior medical staff. I liaise with other clinicians and with primary care in relation to patients. My responsibilities include reporting to statutory and other authorities and my duties can involve certification of death.

Section 2: Response to Criticism of Ann Dorricott

3. I refer to the attached report (WITN3450002) which I prepared dated 8 April 2015 for Her Majesty's Senior Coroner for Newcastle upon Tyne. This is addressed "*for the attention of Wendy Dunlop*" who is one of the Coroner's Officers. The report sets out in detail my involvement in the care of Mr Michael Dorricott who was first referred to me in December 2014 from Cambridge. In my report I describe the treatment of Mr Dorricott, the medication prescribed and administered and I also refer to Mr Dorricott's medical history.
4. At the end of the report I state that with regard to the cause of death, I suggested this should be described as follows:-
 - 1a. Liver failure secondary to
 - 1b. Hepatocellular carcinoma secondary to
 - 1c. Hepatitis C virus infection

As the Senior Coroner had directed that there be a post mortem examination, my position was that the final cause of death should be dependent upon the result of the post mortem examination and any tests undertaken. Of course the ultimate cause of death was to be certified by the Senior Coroner. It was on that basis that I did not consider that it was appropriate for me to include in the provisional cause of death reference to infection caused by tainted blood.

5. With respect to the comments which Mrs Dorricott passed on from her husband, this did not change the situation that the medical cause of death was to be certified by the Senior Coroner following the post mortem report and the Inquest hearing.
6. In her summation, the Senior Coroner made reference to the history of Mr Dorricott having been injected with Factor VIII blood products prior to him being referred to Newcastle. The Senior Coroner found that the medical cause of death was in the same terms as I described above. However, at Section II, the Senior Coroner included "*haemophilia and its treatment*" as significant factors. The Senior Coroner

