Witness Name: Dr Guy Lucas
Statement No.: WITN3485001
Exhibits: Nil
Dated: 27 September 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR GUY LUCAS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 17 June 2019.

I, Dr Guy Lucas, will say as follows: -

Section 1: Introduction

1. My name is Guy Stuart Lucas, my address is GRO-C GRO-C and my date of birth is GRO-C 1950.

2. By way of professional qualification, I have an MD from Birmingham and am a Fellow of the Royal Colleges of Medicine and Pathology.

3. With respect to positions held as a medical professional, I worked as a Consultant Haematologist at the Manchester Royal Infirmary from October 1989 to September 2010. During this time, I acted as a Haemophilia Centre Director, MRI, from January 1992 to September 1994.

4. I do not have any relevant memberships.

Section 2: Responses to criticism of GRO-B

At paragraph 37 of her first statement, Ms GRO-B claims that when arranging haemophilia treatment for Mr GRO-B, you said he would need 'hyper pure' Factor VIII

which would definitely be safe, but would cost £30,000 as it could only be sourced privately. Please comment on this.

5. More than 25 years after this episode and without access to Mr GRO-B hospital notes, I have to say that I do not recall the content of this conversation. I do not know which type of Factor VIII Ms GRO-B is describing as "hyper pure Factor VIII". I am aware that new types of factor VIII were becoming available in the early 1990s but I do not know what was available at the time of Mr GRO-B liver biopsy. Regardless of this, as a general principle, it has never been my practice to say that any treatment "would definitely be safe". Under no circumstances have I ever suggested that a National Health Service patient or their family should fund a treatment.

At paragraphs 38 and 42 of her first statement, Ms GRO-B claims that she received a telephone call the day before Mr GRO-B liver biopsy informing her that it had been cancelled. You stated later that day, during a telephone call, that you had no protocol for treating patients 'like this'. At paragraph 39, she claims that you rang her back saying the biopsy was back on and she should come in as planned. She exhibits another statement (WITN1234004) which further details why she felt so let down. Please comment on this.

6. Again, more than 25 years have elapsed since this episode and I have not had access to Mr GRO-B hospital notes. I am unable to say why Ms GRO-B was contacted the day before the procedure to cancel the liver biopsy, and then contacted again to be told that "the biopsy was back on". The commonest reason for cancelling a procedure would generally be the lack of a hospital bed. Such a cancellation would not have originated from the haemophilia specialist.

7. A "haemostasis protocol" is a treatment plan designed to reduce the excess risk of bleeding associated with haemophilia at the time of a procedure. Although haemostasis protocols were in place for procedures such as a liver biopsy on a patient with haemophilia, all patients and procedures vary. It would have been my practice as Acting Haemophilia Centre Director to contact an experienced colleague (such as another Haemophilia Centre Director) in advance for advice and help in drawing up an individualised treatment plan if I had any uncertainty about the management of his risk of haemostasis. I have re-read Ms GRO-B statement (**WITN1234004**) and understand why she would have felt let down by any cancellation or uncertainty, given her husband's diagnosis and the subsequent devastating consequences of its treatment.

At paragraph 40 of her first statement, Ms GRO-B claims she was not offered to be tested for Hepatitis C until after Mr GRO-B had died. Please comment on this.

8. Studies of long-term partners of individuals chronically infected with Hepatitis C now suggest that the risk of transmission of Hepatitis C to partners is 0-3%. My limited recollection is that this was not widely recognised in 1991-1993, and therefore it would not have been standard practice in 1991-1993 to offer counselling and testing for partners of patients infected by Hepatitis C. I would note that the avoidance measures counselled for the partner of a patient infected with HIV (such as referred to in statement **WITN1234003**) would be appropriate for reducing the risk of Hepatitis C transmission.

At paragraph 41 of her first statement, Ms GRO-B claims that Mr GRO-B liver biopsy was near catastrophic, that glue was used to seal the biopsy track and that excess glue leaked out of the liver onto his diaphragm and peritoneum, causing peritonism. This caused Mr GRO-B to fall seriously ill. Please comment on this.

9. Again, more than 25 years have elapsed since this episode and I have not had access to Mr GRO-B hospital notes. Intra-abdominal bleeding is a recognised complication of a liver biopsy even in a patient with normal haemostasis. The risk of bleeding from liver biopsy in a patient with mild haemophilia would be increased if the haemostasis management was suboptimal. Without recourse to the records, I am unable to comment on whether the haemostasis (or other) management was suboptimal, save to say that I do not recall a problem with the haemostasis management. I believe that glue was then a recognised treatment to seal liver biopsy tracks, but cannot comment otherwise. Such a treatment would have been decided upon and supervised by the clinician performing the liver biopsy.

Section 3: Other Issues

10. I apologise for the delay in responding, however I have been trying to obtain the relevant medical records in order to provide as comprehensive a response as possible. I have now been informed that the patient's notes have been destroyed, 8 years after Mr GRO-B death in 2000.

11. My response is therefore based upon the evidence provided to me by the Infected Blood Inquiry, my usual practice at that time, and my limited recollection of the events (given the time that has passed since I was involved in Mr GRO-B management).

12. I would be grateful if my condolences could be passed on to the family of Mr GRO-B and also my apologies for the delay in replying because of the search for Mr GRO-B hospital records. I wish to make it clear that I was not contacted by the Infected Blood Inquiry for a statement until 17 June 2019, 3 days before Mrs GRO-B was due to give oral evidence. I hope that Mrs GRO-B will accept that no discourtesy was intended by my failure to respond within that very limited timescale.

13. I would be happy to respond to any further queries or requests for information if required.

Statement of Truth

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

GRO-C

Signed _____

Dated: 27 September 2019

Exhibits: Nil