Witness Name: Professor Gordon Lowe
Statement No.: WITN3496048
Exhibits: WITN3496049-054
Dated: 19 April 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR GORDON LOWE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5th October 2022.

I, Professor Gordon Lowe, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and professional qualifications.**

   My name is Professor Gordon Douglas Ogilvie Lowe.
   My address is c/o Central Legal Office, Edinburgh.
   My date of birth is GRO-C 1949.

   I hold the following professional qualifications: -
   MB,ChB (with Honours and gold medal) 1972, University of Saint Andrews
   MRCP UK 1974
   JCHMT Completion of Training in General (Internal) Medicine 1980
   MD by Thesis (with Commendation) 1984, University of Dundee
   FRCP (Edinburgh) 1986
   FRCP (Glasgow) 1986
   FRCP (London) 1989
   FFPHM (Honorary) 2001
   DSc by Thesis (Medicine) 2006, University of Glasgow

2. **Please set out the positions you have held in your duties within General Medicine, Vascular Medicine and Thrombosis, your consultant role at Glasgow Royal Infirmary and also as the Haemophilia Centre Co-Director, the organisations in which you held these positions and your role and responsibilities in these positions.**

1 November 1974 – 31 December 1977. Registrar in General Medicine, University Department of Medicine, Royal Infirmary, Glasgow (Professor Edward McGirr). Clinical general medicine (50%), including haemophilia (1% of clinical practice) and thrombosis, endocrinology and coronary care. Teaching and research (50%).

Lecturer in Medicine, University of Glasgow Department of Medicine, Glasgow Royal Infirmary; and Honorary Senior Registrar in Medicine, Glasgow Royal Infirmary; January 1978 – September 1985. General (Internal) Medicine, with interests in thrombosis, haemostasis, and vascular medicine.

Senior Lecturer in Medicine, University of Glasgow Department of Medicine, Glasgow Royal Infirmary (October 1985-1992), promoted Reader in Medicine (1992-1993), then Professor of Vascular Medicine (1993- September 2009); and Honorary Consultant Physician, Glasgow Royal Infirmary (October 1985-September 2009). Teaching, research and clinical practice in general medicine, thrombosis and haemostasis, and vascular medicine.

West of Scotland Haemophilia and Thrombosis Centre, Glasgow Royal Infirmary; – assisting Senior Lecturer/Reader, University Department of Medicine and Honorary Consultant Physician Dr Charles Forbes (who was Co-Director, with Dr George McDonald, Consultant Haematologist) (October 1985- 1987);

Co-Director (1988-September 2009) with Dr McDonald (1988-1990), liaising with Dr John Davidson, Consultant Haematologist with interest in haemostasis and thrombosis and in charge of Blood Bank including ordering of blood, blood products and recombinant clotting factor concentrates; and with Dr Isobel Walker, Consultant Haematologist with interest in haemostasis and thrombosis (including women and children at Glasgow Royal Maternity Hospital); then with Dr Walker as Co-Director and Honorary Professor of Perinatal Medicine (1991-September 2009); and Dr Campbell Tait, Consultant Haematologist with an interest in Haemostasis and Thrombosis (2000 -

September 2009). After Dr Davidson retired in 1996, Drs Walker and Tait were in charge of Blood Bank.

Honorary Professor, Bioengineering Unit, University of Strathclyde; 1998-2009

Emeritus Professor and Honorary Senior Research Fellow, Institute of Cardiovascular and Medical Sciences University of Glasgow, October 2009- present.

3. **Please set out your membership, past or present, of any committees or groups relevant to the Inquiry's Terms of Reference which can be found on the Inquiry's website at www.infectedbloodinquiry.org.uk .**

I have been a member of the following committees or groups:-

- Scottish Society of Physicians, member 1979-
- British Society for Haematology, member 1980- ; Scientific Advisor 1994-97; member, Working Party on Fibrinogen 1995-2001
- British Society for Haemostasis and Thrombosis, member 1982-; committee member 1987-92; President 1990-91
- International Society for Thrombosis and Haemostasis, member 1982-2009; Vice-President 2001-03; senior advisory member 2003-; Investigator Recognition Award 2009
- Scientific Services Advisory Group, Scottish Home and Health Department, member (1987-88)
- UK Haemophilia Centre Directors/Doctors Organisation (UKHCDO), member 1988-2009; organiser of Comprehensive Care Centre national audit 1992-2000.
- Scotland and Northern Ireland Haemophilia Centre Directors Committee (SNIHCDC), member and co-chair 1988-2009
- Scottish Home and Health Department, Scottish National Blood Transfusion Service, and SNIHCDC - Annual meetings, and meetings of its Coagulation Factor Working Party, member, 1988-2009
- Glasgow Royal Infirmary Stroke Service Development Group - chair 1993-97
- Health Sciences and Public Health Research Committee, Chief Scientist Office, Scottish Home and Health Department, member 1995-99
- Clinical Audit and Resources Group (CRAG), Scottish Office Home and Health Department, member (and member of its Clinical Outcomes Subcommittee) 1996-2002

- NHS Scotland Recombinant Coagulation Factor Working Party, member 1997-2002
- RCPE, Deputy Assessor 1998-98; Assessor and member of Council, 1999-2003
- Scottish Intercollegiate Guidelines Network (SIGN), member of Council 1998-2003; Chair 2002-07
- Clinical Outcomes Group, NHS Quality Improvement Scotland, member, 2003-08

Section 2: Responses to criticism of W2185

The criticisms I have been asked to respond to are:

4. **Paragraphs 10 – 14**

Paragraph 10

I remember my mother was called in to see Dr Lowe first. My brother GRO-B: B **and I waited outside his office. I was then called in to see him and my mother left the room.**

Paragraph 11

Dr Lowe told me that as a result of tests that had been done on my blood, it had been discovered I had hepatitis C. There is a letter on my medical notes dated 15th June, 1993 stating this was the date I was informed I had hepatitis C . I produce this letter in evidence and refer to it as WITN2185004. I note however there is a blood result in my medical records from Ruchill Hospital with a positive result for hepatitis C. This is dated the 22nd April, 1992 which suggests it was known I had hepatitis C for well over a year before I was informed. I produce this result in evidence and refer to it as WITN2185005.

Paragraph 12

Dr Lowe did not really give me much information about hepatitis C. I am a naturally inquisitive person so I know I would have asked him how I had been infected with hepatitis C and what would happen to me. I remember he said my condition would progressively get worse. I know he said there was no cure for it. He did say that hepatitis C affected your liver and that they would monitor me. There was a lot of publicity at that time regarding haemophiliacs contracting hepatitis and HIV through receiving infected blood. I cannot remember whether Dr Lowe told me that that was how I had contracted hepatitis C at that time.

Paragraph 13

I assumed that my mother GRO-B, brother B and I were told at the earliest opportunity about our infection although my medical records suggest otherwise.

Paragraph 14

I remember feeling quite angry with Dr Lowe because he had told my mother before me that I had hepatitis C. I was an adu lt and I should have been told in my own right. I had a good close relationship with my mother and I would have told her about my infection anyway nevertheless, that should have been my choice but to tell her, not his.

In preparing this response, I requested viewing of W2185's complete case records from Glasgow Royal Infirmary, from 1983 when he first attended the Haemophilia Centre, to my retirement in 2009. The Central Legal Office has provided me with some photocopied case records. Unfortunately, these are incomplete. For example, there are no handwritten case records after February 1989.

Section 2.6 of W2185's statement, WITN2185002. Treatment, HIV and HBV.

I note W2185's exhibit **WITN2185002**, in which Dr J Davidson, Consultant Haematologist, Glasgow Royal Infirmary, wrote to Dr **GRO-B** at **GRO-B** on 19 January 1977, asking him to take over W2185's management. Dr Davidson had recently diagnosed him with moderately severe Factor VIII deficiency after excessive bleeding following dental extraction, then bleeding following accidental tooth loss, both episodes requiring treatment with Factor VIII concentrate.

This letter outlining W2185's transfer from **GRO-B** to Glasgow Royal Infirmary is dated 22 September 1983. I note that Dr **GRO-B** does not mention the type of blood products W2185 received at **GRO-B**: cryoprecipitate, factor VIII concentrates, or both. I also note that his care at Glasgow Royal Infirmary was under Dr C Forbes, who was consultant and Co-Director of the Haemophilia Centre (with Dr G McDonald, consultant haematologist) from 1983-1987. I did not succeed Dr Forbes as Co-Director until the end of 1987; by which time virally inactivated Factor VIII concentrates were used as treatment of haemophilia A. Dr I Walker succeeded Dr McDonald as my consultant haematologist Co-Director from 1990.

W2185 first attended the Haemophilia Clinic on 28 October 1983 with his mother, documented in the letter to his general practitioner from Dr I Greer, Registrar in Haemophilia (WITN3496049). This letter notes that the Centre was planning to arrange training for home treatment with factor VIII concentrate, administered by W2185 and his parents. This would have to be approved by Drs Forbes and McDonald as Centre Co-Directors; and would be organised by the Haemophilia Sister in several training sessions. I recall that these included giving information to the patient and parents on the risk of transmission of hepatitis (B and non-A non-B) by blood products. This was important, given the potential risk of infection of relatives assisting the patient with preparation and administration of treatments. Training included instruction on the safe disposal of needles, apparatus and empty bottles into safe containers, which were returned to the Centre for disposal.

Section 18 of W2185's statement notes a letter dated 29 January 1985 from myself to the general practitioner that suggests he was tested for the AIDS virus (WITN2185007). The "enclosed letter" does not appear in the copied case records. I recall that this would have been the letter composed by Dr Forbes to be given to patients and parents, notifying them of the recently reported cases of AIDS in persons with haemophilia; the precautions which should be taken to avoid transmission of the virus thought to transmit AIDS (in addition to the risk of transmission of hepatiti s viruses (B and non-A non-B); and that Centres were working with Regional Virus Laboratories to make available reliable tests for the AIDS virus. I recall that Drs Forbes and McDonald's policy was to test, from 1985, patients who had received blood products for the human immunodeficiency virus (HIV), in addition to the hepatitis B virus (HBV) which had been tested for since 1974. This was to identify carriers of these viruses for advice and treatment; as well as to monitor the safety of SNBTS virally inact ivated factor concentrates, which were used as treatment from early 1985.

My letter to the general practitioner of 21 February 1985 (WITN3496050) records that W2185 was generally well and had only occasionally used his home treatment. I noted that his blood count and liver function tests were normal apart from slightly elevated serum transaminase, consistent with possible non-A non-B hepatitis, which in an ongoing survey by Dr Forbes was found commonly, and was of uncertain significance (given that no such patient had clinical symptoms or signs of liver disease, apart from the very few patients who were chronic carriers of hepatitis B). I discussed with W2185

and his mother GRO-B this finding; the risk of AIDS; and the precautions to avoid transmission of hepatitis viruses as well as the AIDS virus.

The copied case records include Regional Virus Laboratory reports that W2185 was negative for both hepatitis B surface antigen (from February 1985 onward), and human immunodeficiency virus (from April 1986 to June 1989).

On 28 September 1988 (WITN3496051) I reviewed W2185, who was doing well on his home treatment as a university student. He had no signs of liver disease. He was found to be susceptible to hepatitis B (anti-HB surface antigen negative) and, after discussion with W2185 and his father, was immunised against hepatitis B with a good response.

Section 2.10-16 Hepatitis C.

W2185 was reviewed by Dr R Neilson, registrar in haematology, on 27 March 1992 (WITN3496052). As noted by W2185 (WITN2185005) there is in the case records a report dated 22 April 1992 from a specimen taken on 27 March 1992 that he was positive for antibody to hepatitis C. WITN349052 records that Dr Neilson took blood to repeat full blood count, Factor VIII assays and "hepato" assays, and repeat hepatitis B status to see if W2185 required a booster injection of hepatitis B vaccine. In the photocopied records provided to me, I see no follow-up letter on these results from Dr Neilson, or other doctors at the Centre, to the patient or general practitioner. The procedure at the Ward 3 outpatient clinic was for the ward secretaries to type letters dictated by the doctor reviewing the patient to sign; and to collate laboratory reports for the doctor to review and write follow-up letters on these. As Dr Neilson was under the supervision of Dr Walker and myself in the Haemophilia Centre, we apologise for the delay in informing W2185 and his general practitioner of this report.

I do not recall being informed of this hepatitis C result before 1 993.

As I have noted above, in the photocopied case records I have received there are no handwritten case records after February 1989 and 1993, when W2185's care was transferred to London; and no copy of any letter asking W2185 and his younger brother B to make an appointment for me to see them both. However, I agree with W2185's statement (Section 2, para 9) that I saw him, his brother, and their mother together at the Centre to discuss their hepatitis C results, which is my recollection. In the photocopied handwritten case records of his brother, which I have exhibited as

WITN3496054, there is a note that I counselled his brother on his positive hepatitis C antibody test in May 1993.

I gave evidence to the Penrose Inquiry, then to the Infected Blood Inquiry, on the process at the Glasgow Royal Infirmary Centre for informing patients of their hepatitis C antibody results (WITN3496013; 66, p 114-116). The Regional Virus Laboratory routinely tested for HCV from late 1991, as well as HBV. Initially they used the antibody test, and later also the RIBA-2 confirmatory test. Patients were told that a positive antibody test meant exposure to the virus; but that subsequent antigen tests (availabl e from 1994) would show whether the patient was a carrier of the virus, and hence at risk of chronic liver disease; or not. They would be informed of current knowledge about the risk of progression to chronic liver disease and cancer; and the current state of development of antiviral drugs. Patients were advised to keep their alcohol consumption low, and to continue the precautions with sexual intercourse and blood which the Centre had recommended from 1985 for patients who had received blood products, regardless of their HIV status. Patients were advised to discuss this with their regular partners, who the Centre would be happy to see for discussion and counselling about testing for hepatitis C. From 1993, patients were given information leaflets on hepatitis from the Haemophilia Society or British Liver Trust; for reinforcement of information given at the clinic.

In W2185's statement (Section 2, para 12) he states that I did not really give him much information about hepatitis C. I believe that I gave him the information in the previous paragraph, which I had previously given to other patients with positive HCV antibody tests at the clinic. If he had asked me how he had been infected with hepatitis C, I would have reviewed with him the blood products which he had received according to Glasgow Royal Infirmary records; and would have recommended obtaining details of GRO-B treatment records. In retrospect, the first treatment with Factor VIII concentrate he was given in 1977 by Dr Davidson at the Royal Infirmary, then frequent treatments between 1977 and 1983 at GRO-B, would be the most likely sources of infection.

W2185 recalls that I said his condition would progressively get worse, and that there was no cure. In 1993, I believe that I would have told him that at that time, few patients had progressed to clinical liver disease, and those that did were usually those co-infected with HIV or HBV, or heavy alcohol drinkers. As to treatment, I would have told

him that clinical trials of the anti-viral drug interferon were planned in UK patients with haemophilia who were carriers of the HCV virus.

In W2185's statement (Section 2, para 14) he recalls that he was angry because I had told his mother GRO-B before me that I had hepatitis C. I do not think this is correct: I believe that I told him first. W2185 and his younger brother B were both adults; and it was our Centre's policy for the doctor to inform each of our adult patients of HCV results in private, and discuss the implications: thus respecting their autonomy. That having been done, the doctor would discuss with the patient which family members the patient would wish to inform of the diagnosis. Relevant considerations included the need for family member discussion and support.

I agree with W2185's statement (Section 2, para 15) that I also told his younger brother GRO-B that he was HCV antibody positive on the same day.

I agree with W2185's statement (Section 2, para 16) that the chances of passing the infection on through sexual intercourse were slim. However I also recommended that he continue the precautions with sexual intercourse (including use of condoms) which the Centre had recommended from 1985 for patients who had received blood products, regardless of their HIV status.

In August 1993, I wrote to the Haemophilia Centre at St Thomas' Hospital, London, asking that they take over W2185's care when he moved to London; summarising his medical history; and suggesting that he be considered for interferon therapy when this became available (WITN3496053).

Section 3: Other issues

5. **If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here.**

None.

Statement of Truth

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

Signed GRO-C: Gordon Lowe

Dated 19 April 2023

Table of Exhibits:

Date	Notes/ Description	Exhibit number
21/05/1993	Case note records – Dr J Canvin and Dr G Lowe	WITN3496054
02/11/1983	Letter Dr I Greer to GP	WITN3496049
21/02/1985	Letter from Dr G Lowe to GP	WITN3496050
June – September 1988	Case records notes – Dr G Lowe	WITN3496051
30/03/1992	Letter from Dr R Neilson to GP	WITN3496052
03/08/1993	Letter from Dr Lowe to St Thomas' Hospital, London	WITN3496053