Witness Name: Dr Brenda Gibson
Statement No.: WITN3528003
Exhibits: WITN3528004-7
Dated: 5 May 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR BRENDA GIBSON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 7 April 2021.

I, Dr Brenda Gibson, will say as follows: -

Section 1: Introduction

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

   Name: Professor Brenda Elizabeth Simpson Gibson: OBE

   Address: GRO-C Glasgow GRO-C

   Date of birth: GRO-C 1949

   Professional qualifications: MB ChB, FRCP, FRCPCH, FRCPath, DFM

2. **Please set out the positions you have held as a haematologist, the organisations in which you held these positions and your role and responsibilities in these positions.**

   - 1984-present -Consultant Paediatric Haematologist - Royal Hospital for Children (RHC), Glasgow; (previously known as the Royal Hospital for Sick Children)

- Lead Clinician

- Director of Haemophilia Unit - August 1987 – 1996/97

- Director for the Haematopoietic Stem Cell Transplant Programme

- From 1984 – 1987 my main responsibilities were for general clinical and laboratory haematology, leukaemia and stem cell transplantation. I provided cover for haemophilia care. I had a short sabbatical to McMaster University Medical Centre to work with Dr Maureen Andrews's group. She was a world leader in neonatal haemostasis. I brought her laboratory methodology back to RHSC setting up neonatal coagulation studies, which had not been previously available in Scotland.

- From 1987 – 1996/97 – in addition to the responsibilities listed above, I assumed responsibility for haemophilia care and became the Haemophilia Director. In this respect I worked with a very experienced Clinical Assistant, Dr Anna Pettigrew, who had worked with my predecessor, Professor Ian Hann. Dr Pettigrew left in January 1989.

- Since 1996/97 my main responsibilities have been providing care for children with leukaemia in the West of Scotland and the national stem cell transplantation programme for Scotland. I demitted responsibility for haemophilia in a transitional manner after that date.

- I was joined by Dr GRO-A, a consultant haematologist in 1988. She spent a brief sabbatical period in Philadelphia, was on maternity leave on two occasions, and sadly had a prolonged period of absence in 1995 for health reasons. During these periods I returned to being a single handed consultant. We were joined in 1996 by Dr Elizabeth Chalmers who replaced me as the Haemophilia Director.

- Prior to my appointment as a Consultant I held the following trainee posts:

- 1973-1974- JHO posts in general medicine and paediatric surgery – Aberdeen Royal Infirmary and Aberdeen Children's Hospital.

- 1974-1975 – SHO at the Oxford Haemophilia Centre. Responsible for the day to day care of inpatients and outpatients with bleeding disorders under consultant supervision. I had no involvement in the selection of blood products. The Centre was run by Dr Charles Rizza, who ran a world class haemophilia service and was dedicated to the care of patients with bleeding disorders. The Centre incorporated a large research and diagnostic laboratory which was visited by many international doctors and scientists.

- 1975-1977 – Medical rotation at Ninewells Hospital, Dundee – no involvement with haemophilia care.

- 1977- 1984 – Haematology trainee at Glasgow Royal Infirmary which included two years at McMaster Medical Centre, Hamilton, Canada. McMaster Medical Centre was internationally known for its work in thrombosis and was a world leader in neonatal haemostasis. At this time haemophilia care at Glasgow Royal Infirmary was provided by the Department of Medicine and not the Department of Haematology and therefore I had no involvement with this patient group during my haematology training, until my final rotation to the RHSC, which I think was for a period of 9 months. During this training period I was only marginally involved with haemophilia care during daytime, because the service was managed on a day to day basis by Professor Ian Hann in conjunction with a very experienced Clinical Assistant, Dr Anna Pettigrew and the Haemophilia Sister. I did provide out of ours cover at trainee level. I had no involvement with decisions about blood products or the organisation of the service.

- I spent a short sabbatical to both Manchester Children's Hospital and Great Ormond Street Hospital to gain more experience in solid tumours but can't remember if this was before or just after I took up my consultant appointment.

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.**

- Member of the Scotland and Northern Ireland Haemophilia Centres Directors Working Party – 1987 -1996/97

- Member of the Factor FVIII/ Coagulation Factor Working Party for Scotland and Northern Ireland - 1987-1996/97

- Member of the UKHCDO- 1987-1996/97

- President of the British Society of Haematology – 2007-2009

Section 2: Responses to criticism of W2154

4. **At paragraph 4 of witness W2154's statement, the witness states that you were aware about her daughter's Hepatitis C infection for some time before informing her. Please comment on this.**

GRO-B presented with leukaemia in December 1980 when an infant. I did not know her at that time, but assume that she contracted HCV from a contaminated unit of blood or blood product given during the treatment for her leukaemia. I first met her in June 1986 when she was two and a half years off treatment. I subsequently saw her in December 1987, June 1988 and November 1991. By this time she was attending clinic annually and I did not see her again until 9th December 1994 when she attended clinic with her mother. At that visit I told her and her mother that she had tested positive for HCV from a blood sample taken at her previous clinic visit in February 1994. We had taken a departmental decision to test all patients for HCV who had been transfused during treatment for leukaemia. All were clinically well and as we were unsure of the significance of HCV positivity in otherwise well children, we took the decision to give results at the next clinic visit. Liver function tests fluctuate and GRO-B's were mildly elevated and varied little in the year between February 1994 and January 1995.

My clinic letter to her GP dictated 10th December 1994 [WITN3528004] states:

"*Because of reports of Hepatitis C positivity in children treated for leukaemia,* GRO-B *was recently screened and unfortunately had both antibody to Hepatitis C and Hepatitis C RNA detected by pcr indicating the presence of virus. I informed both Mrs* GRO-B *and* GRO-B *of her Hepatitis C status. Although they handled the information sensibly, they were both clearly worried. It is a very difficult scenario as we don't really know what the long- term outlook for patients with Hepatitis C infection post –transfusion will*

be and neither do we know the benefits of Interferon. It is likely that we will arrange liver biopsy next year.

This was done in January 1995 and although this was compatible with Hepatitis C infection there was no evidence of progression to cirrhosis.

5. **At paragraph 5 of witness W2154's statement, the witness states that she believes her daughter was tested for Hepatitis C without her or her mother's consent. Please comment on this.**

GRO-B was seen by one of my colleagues in February 1994 when blood was taken to test her for HCV. Because of concerns that recipients of blood or blood products prior to 1991, in addition to those receiving coagulation factors, may be affected with HCV, we took a departmental decision to test all patients who had received blood or blood products prior to 1991. This was the first time that GRO-B was tested for HCV and it was this sample that tested positive. I did not see GRO-B on that day and therefore cannot comment on what information about testing or consent was given to her or her family. However as Haemophilia Directors we had been advised by the MDDUS that consent for HCV testing was not required. Testing was done with the best of intention.

6. **At paragraph 8 of witness W2154's statement, the witness states that she was not given advice about managing her daughter's infection nor about the risk of cross-contamination. Please comment on this.**

I saw GRO-B in February 1995 to give her the results of her liver biopsy. I regret that the witness feels that information about cross infection was not given but quote my letter from that clinic visit to her GP, dated 20th February 1995 [WITN3528005], as evidence of the information given and of the family's awareness:

GRO-B *herself is very anxious about her long-term outlook and the effect that this might have on her future life, both medically and socially. She is aware that Hepatitis C can be transmitted sexually and from mother to infant. She is also aware that it might affect her employment prospects, although at present in Glasgow Hepatitis C is not a bar to nurse training. ----. It is true that we don't really know the outlook for individuals who are affected with only Hepatitis C and who avoid alcohol. Much of our information comes from haemophiliacs who are co infected with Hepatitis C and HIV. At present*

about 40% of adult haemophiliacs are progressing to significant liver disease and a number to cirrhosis.

GRO-B *is going to require long-term monitoring and probably treatment. For this reason, I think that she would be better managed in the Adult Centre. --- I have told both* GRO-B *and her mother that this would be the most appropriate approach and they are in agreement. I think it most likely that they will offer her Interferon therapy as this is their current practice. She understands the mode of administration, the chances of success and the side –effects.*

I next saw GRO-B in May 1995 jointly with the consultant haematologist from the Adult Centre, Dr Ian Franklin, with a view to transferring care. The letter to her GP [WITN3528006] reads ---

"*A major issue for* GRO-B *herself is the risk of sexual and social transmission and what implication this may have on her future life. I enclose an article from the Lancet from a number of weeks ago which you may or may not have seen but which may be helpful in discussions with the family.*"

I also wrote to Dr Franklin, Consultant Haematologist at Glasgow Royal Infirmary, on 30Th May 1995 [WITN3528007]:

"I have written to the GP to let him know that GRO-B *has been transferred and also sent him a short report from Germany about the risk of sexual and close contact transmission as this is a major issue for* GRO-B.

Her care after May 1995 was with the adult sector. She did receive Interferon and by October had had a good response.

I next heard from GRO-B in August 2005 when she contacted me about the Skipton Fund.

7. **At paragraph 21 of witness W2154's statement, the witness states that due to the frequent blood tests her daughter underwent you should have been aware of her diagnosis of Hepatitis C and provided this information to her earlier. Please comment on this.**

Whilst blood was taken at each clinic visit this was for a full blood count to check that there was no recurrence of her leukaemia and not for any other reason. A full blood count would not show any signs of liver abnormalities and she was not tested for HCV until February 1994.

Statement of Truth

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

Signed GRO-C

Dated 05/05/2021

Table of exhibits:

Date	Notes/ Description	Exhibit number
10 December 1994	Letter from Dr Brenda Gibson to Dr GRO-B GRO-B	WITN3528004
20 February 1995	Letter from Dr Brenda Gibson to Dr GRO-B GRO-B	WITN3528005
30 May 1995	Letter from Dr Brenda Gibson to Dr GRO-B GRO-B	WITN3528006
30 May 1995	Letter form Dr Brenda Gibson to Dr I Franklin	WITN3528007