Witness Name: Dr John Tucker
Statement No.: WITN3532001
Exhibits: None
Dated: 5th December 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DOCTOR JOHN TUCKER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26 June 2019.

I, Dr John Tucker, will say as follows: -

Section 1: Introduction

1. Name: Dr John Tucker

   Address (since 2006): GRO-C

   Date of birth: GRO-C 1951

   - Professional Qualifications:
   - BSc Hons (Med Sci) 1972 Edinburgh University
   - MB,ChB 1975 Edinburgh University
   - MCRP (UK) 1978,
   - FRCP (London) 1996
   - MRCPath 1984,
   - FRCPath 1996

2. Preregistration House Officer in Medicine, Royal Infirmary of Edinburgh for 6 months, 1975-1976
   Preregistration House Officer in General Surgery, Leith Hospital for 6 months,1976
   Senior House Officer in Royal Hospital for Sick Children in Edinburgh for 6 months in 1976-1977

Senior House Officer in Medicine, Royal Infirmary of Edinburgh for 6 months in 1977
Senior House Officer in Medicine at Deaconess Hospital Edinburgh for 9 months in 1977- 1978. In this general Medical post I passed the 1st part of MRCP(UK).
Registrar in Medicine, Leith Hospital 1978-1980. This role involved my supervision of the junior Medical Team, and allowed me the clinical experience to complete the MRCP (UK) examination.

Registrar and Senior Registrar in Haematology based at Royal Infirmary of Edinburgh from 1st January 1980 - April 1985. I had 6 month attachments to the SNBTS based in the Royal Infirmary, plus the Western General Hospital and the Royal Hospital for Sick Children in Edinburgh.
In this role I studied all aspects of Clinical and Laboratory Haematology under the supervision of the 2 Consultants in the Department, Dr A C Parker, Head of Department, and Dr C A Ludlam, Haemophilia Director. This included specialist training in Haematological malignancies and both acquired and congenital bleeding problems including Haemophilia. Under the direction of Dr (later Professor) Ludlam, the Haemophilia Centre expanded from a side room in Ward 23 to a standalone unit with specialist Nursing Sister and clerical and support staff.
During my time as a trainee I passed all the parts of the MRCPath Examination and gained the CCST. I was able to teach Medical and Nursing Students and write some scientific papers.

April 1985-April 1988 Research Fellow in Imperial Cancer Research Fund Department of Medical Oncology as St Bartholomew's Hospital London.
In this post I furthered my knowledge and experience of Haematological Neoplasms, and published some research papers.

April 1988- January 2001 Consultant Haematologist, Good Hope Hospital Birmingham
Here I developed a busy Clinical Haematology practice, with supportive colleagues. We were strong supporters of the Medical Research Council sponsored clinical trials. I encouraged appropriate patients to participate in these schedules in order to offer the latest treatments within a rigorous scientific scrutiny. It should be noted that in these days informed consent to participate was verbal, and only later in the 1990's was written consent required.

January 2001 - May 2011. Consultant Haematologist and subsequently Head of Service at Borders General Hospital Melrose. In this post I worked with colleagues to provide a comprehensive Clinical and Laboratory Haematology service. There was close collaboration with Lothian Haematologists especially for more specialised services e.g. bleeding disorders and bone marrow

transplantation. After my official retirement in 2011 I worked part time for a further 18 months and then as an occasional locum until I voluntarily resigned from the GMC register on 1st Feb 2014.

3. I have not been a member of any committees or groups relevant to the Inquiry's Terms of Reference.

Section 2: Responses to criticism of Robert and Alice Mackie

4. I have been asked to comment on criticisms made by Robert and Alice Mackie. Those criticisms are that in 1983, I maintained that I knew nothing about the HIV risk in Factor VIII products, however, I took blood and skin tests from Mr Mackie informing him it was to test for reactions to Factor VIII, but omitting that it was in relation to an AIDS study carried out on him by myself until November 1984. Criticism is also made by Mr and Mrs Mackie that when I was asked about this I replied, 'I was only doing as I was told'.

5. I am grateful to the Inquiry for giving me the opportunity to respond to these criticisms. I have not had access to Mr Mackie's medical records for the purpose of responding, but do not consider that I need to.

6. My memory of precisely when I first became aware of the potential risk for transmission of HIV in the 1980s is incomplete due to the passage of time. As a new trainee I was alarmed that Haemophilia patients on treatment almost always had markedly abnormal blood liver function blood tests, which was attributed to non-A, non-B hepatitis. The state of knowledge at that time was that these abnormal blood results were of uncertain significance, and were presumably due to their treatment with blood products. Only later was Hepatitis C identified, and later still any specific treatment became available.

7. Regarding the evolving story of AIDS, this was initially a clinical diagnosis where patients in USA became susceptible to unusual infections e.g. Pneumocystis carinii, which is typically only mildly pathogenic. Analysis of the patient groups revealed clustering of men with an active homosexual life style, recreational intravenous drug users, persons from Haiti, and Haemophilia patients on treatment. There was considerable research activity into these issues, with rival US and French groups in the forefront. The development of blood tests for antibodies to HTLV-III or AIDS virus was gradual and required wider validation before becoming widely applicable.

8. As regards the patients attending the Haemophilia Centre in Edinburgh, we were unclear how these global findings impacted on our practice. We were

aware of the possibility of infection of haemophiliacs by blood products. However, we considered the risk to Scottish patients to be minimal because we were largely self-sufficient with Scottish collected and produced Factor VIII. We considered ourselves to be in a fortunate position where we were largely self sufficient with Scottish collected and produced Factor VIII. In my time as a Haematology trainee, I cannot remember any patient not receiving Factor 8 treatment for a bleeding episode – my clear impression was that all medical staff had concluded that the benefits outweighed the risks. So in response to the criticism that I maintained I knew nothing about the HIV risk in Factor VIII products, the picture was unclear for our patients. I did not maintain I knew nothing about HIV risk in Factor VIII products.

9. Routine blood tests were taken from all Haemophilia patients attending the Edinburgh Centre, including tests for cell mediated immunity using T helper and suppressor cell analysis, and serum was placed in long term storage. This was a pragmatic monitoring scheme established by Dr Ludlam as part of his comprehensive care pathways for all patients attending the Haemophilia Centre. The short hand requesting used on the laboratory form was "AIDS Tests". I accept that in retrospect this was worrying for any patient who might have read the form details. In my role I took samples from patients and this is likely to have included Mr Robert Mackie. Prior to carrying out the tests we obtained verbal consent from the patients and as part of that we outlined in broad terms what the purpose of the testing was going to be.

10. Dr Ludlam in his role as Haemophilia Director and in order to learn more about his own patients liaised with Dr Richard Tedder, Virologist at Middlesex Hospital London in October 1984 and arranged for a small number of stored serum samples to be analysed with the newly announced assay at his Laboratory. Surprisingly some patients tested as positive. This unexpected finding was subsequently confirmed in additional patients. This was a shocking finding, which led to an urgent modification of SNBTS procedures for production of Factor VIII, with the inclusion of a heat treatment stage.

11. The value of the long term serum storage was thus vindicated, as it was discovered that about half of previously seronegative patients were shown to have become seropositive after receiving one particular batch of SNBTS Factor VIII. The other half remained seronegative.

12. As for the skin testing which I performed in 1983, this was always on consenting Haemophilia patients. This was a one-off study which investigated cell mediated immunity to a range of 8 different antigens. There was a correlation between reduction of responsiveness and increased usage of Factor VIII, which we attributed to the infusion of foreign protein as an inevitable by-product

together with the active Factor VIII. There was no reference to serological status as this assay was not available at that time. Our hypothesis was that high usage of Factor VIII could reduce overall immunity without invoking the role of any putative infectious agent. In other words this was not an AIDS study.

13. The background of my meeting in 2004 at Borders General Hospital with Mr and Mrs Mackie was that I was requested by Dr (now Professor) Derek Bell, Associate Medical Director of Lothian Health Board, to consider taking over the clinical care of Mr Mackie. This was because of a breakdown in the doctor/ patient relation between Mr Mackie and Professor Ludlam. Although I knew it would not be possible to agree to this request, as a courtesy I arranged to meet with Mr and Mrs Mackie. In this way I hoped to provide more in the way of understanding than would be possible in a letter. At the meeting I explained that Borders General Hospital does not have a Haemophilia Centre and would be unable to offer the full range of Specialist Services which Mr Mackie and other patients with Haemophilia would require. It would therefore not be in Mr Mackie's best interest for me to attempt to offer clinical care.

14. At the meeting Mrs Mackie confronted me about my activities as a trainee in the Haematology Department at the Royal Infirmary of Edinburgh. I explained that I was acting according to Departmental procedures. I understood that there was a current GMC inquiry as a result of a complaint made against Dr Ludlam, and that any further comments from me would be inappropriate. That is my memory of the conversation I had with Mr. and Mrs. Mackie. I do not recall using the phrase "I was only doing as I was told" and I do not think I would have used those words.

Section 3: Other Issues

15. It is impossible to recreate the difficulties and uncertainties of the 1980s in the light of modern knowledge. These were dreadful times for our patients, and I am sure all Healthcare professionals feel devastated that well intentioned treatment could be so catastrophic in its unintended consequence. I feel privileged to have worked as a trainee with Professor Ludlam, he was very protective and concerned for his patients and their welfare. I learned a lot from him.

Statement of Truth

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

Signed GRO-C

Dated 5th December 2019.

Table of exhibits:

Date	Notes/ Description	Exhibit number