

Witness Name: Dr Joan Trowell  
Statement No.: WITN3740001  
Exhibits: None

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF JOAN TROWELL**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 August 2019.

I, Dr Joan Trowell, will say as follows: -

#### **Section 1: Introduction**

1. I am sorry that anything recorded in the hospital records has caused Mr Cox's family distress so many years after his death.
2. My professional qualifications are
  - MB.BS. London (Royal Free) 1964
  - MRCP London 1967
  - FRCP London 1987
3. During the time period referred to in the statements, I was a registered medical practitioner (GMC Reference Number 0768317) and was on the specialist register.
4. I held an academic post at Oxford University and an honorary consultant physician contract with the Oxford Hospitals. I was based at the John Radcliffe Hospital where I supervised the outpatient and inpatient care of patients with liver disease and I spent one morning a week at the Oxford Haemophilia Centre at the Churchill Hospital where I held a weekly outpatient clinic seeing patients with bleeding disorders who had been found to have abnormal liver function tests.
5. I retired in 2006 and so have no access to any patient's clinical records and only very limited recall of the details of any individual patient as my team were

involved in the care of many patients at that time, both those with haemophilia and many others.

6. I am not a member of any of the groups relevant to the inquiry, although I may in the past have been involved in discussions with members of the Haemophilia Society and also at meetings of the Haemophilia Centre Directors.

**Section 2: Response to criticism in the statements of witnesses WITN1183, WITN1642 and WITN1614**

7. From the statements made by his widow and son and daughter that have been provided to me by the Inquiry, I deduce that I first met Mr Cox at my weekly outpatient clinic at the Haemophilia Centre at the Churchill Hospital, however the reference to his death from liver failure at the John Radcliffe Hospital would suggest it was in the gastroenterology ward at that hospital where he would have been cared for by my team.
8. My normal practice when seeing any patient with abnormal liver function was to take a full medical and personal history and, as alcohol can cause liver disease, I would routinely ask a patient what alcohol they drank. I would have recorded this in their clinical notes and also in my letter to their General Practitioner. I would have recorded these details in their notes at the time that I saw the patient and dictated the letter to their General Practitioner shortly after the consultation. In the notes and the letter, I would record what alcohol the patient told me they drank and also refer to any relevant reports of their alcohol consumption made by nurses and other staff and family members who had been involved in the patient's care. I would not have had any reason to record any other alcohol consumption and would never have considered fabricating this as doing so would not have contributed positively to the patient's care or their survival.
9. In my inquiries and in recording what alcohol a patient drank I was documenting something what might be contributing to their liver disfunction and ill health. I would advise reducing or abstaining from alcohol to improve their health and survival. This improvement could occur even in haemophiliac patients, such as Mr Cox, for whom the main cause of his illness and death was the hepatitis and HIV viruses.
10. I would routinely advise patients with haemophilia who had abnormal liver function to reduce their alcohol intake. Although the virus infection would have been the primary cause of their liver disease, not infrequently the patient's liver function would improve if they abstained from alcohol, even if their consumption of alcohol was very moderate.
11. I am sorry that for Mr Cox the outcome was not more positive and that after this period of time this questioning and my letters have caused distress to his family.

**Section 3: Other Issues**

12. At the present time I my own health is not good, with a recent extended hospital inpatient admission and many and frequent outpatient attendances.

13. I believe that I am unable to provide any further help to the inquiry.

**Statement of Truth**

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

Signed \_\_\_\_\_ **GRO-C**

Dated: 10<sup>th</sup> September 2019