

Witness Name: Dr Joan Trowell
Statement No.: WITN3740002
Exhibits: None
Dated: 24 September 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JOAN TROWELL

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 September 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 Slater and his wife distress after so many years.
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: Responses to criticism of W0599

7. Due to the passage of time I have no memory of my meetings with Mr Slater but the copy letters provided would suggest that we met twice, once in January 1981 and again in January 1982. He states he has little recollection of meeting me which is confirmed by the fact that he refers to me as a man, rather than a woman, when referring to a copy letter to his GP and also in describing a meeting he and his wife had with Dr Rizza and Dr Matthews. I have no memory of having been present at this meeting
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 hospital 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 if they considered that they had reduced or increased this. 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 which 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 Slater, for whom the main cause of his illness, as my letter records, was the hepatitis virus.
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. Many patients with hepatitis become nauseated, and this may be worse if they eat anything containing even small amounts of fat, and as a result dietary advice is to cut fat as far as practical.
12. I am sorry that for Mr Slater the diagnosis of hepatitis C has continued to contribute to his ill health and that after this period of time this and my letters have caused distress to him and his wife.

Section 3: Other Issues

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

14. 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 _____ 24th September 2019 _____