

Witness Name: Dr Dorothy Anne Yardumian
Statement No.: WITN3769001
Exhibits: NIL
Dated: 10.10.19

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DOROTHY ANNE YARDUMIAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19th September 2019.

I, Dr Yardumian, will say as follows: -

Section 1: Introduction

1. My name is Dorothy Anne Yardumian. My address is GRO-C
Cambridge GRO-C My date of birth is GRO-1956.
2. My professional qualifications are MB.BS., MD., FRCP., FRCPath. I was a Consultant Haematologist at the North Middlesex Hospital NHS Trust from January 1990 until my retirement from post at the end of January 2019. I have not been a consultant at any other hospital, although I held honorary contracts at two other hospitals at which I undertook some outreach / network clinics. In this post, I worked as a general haematologist, but my subspecialty interest was in the haemoglobin disorders, thalassaemia and sickle cell disease, and I led the clinical service for patients with these condition for the duration of my work there.
3. I am a member of the British Society of Haematology, but I have not sat on any groups or committees relevant to this inquiry. I was board member and for a time Chair of the UK Forum on Haemoglobin Disorders, in which role I helped organise some educational days which included thalassaemia and hepatitis C sessions, led by invited expert speakers.

4. Please note that, as I have now retired from North Middlesex Hospital, I do not have access to the patient's medical records and these statements are made from memory. Also, I am unaware of any documentation or records that have not been made available to witness W1821.

Section 2: Responses to criticism of W1821

5. **Witness W1821 states that her husband was never given any information or advice about the risk of infection from blood transfusions. Please comment on this.**
6. At the time I became a Consultant in January 1990, when I took over the clinical care of this gentleman, he was already established on long term monthly transfusions for his beta thalassaemia major. He had been receiving transfusions since infancy, so for over 20 years, and it is likely that he contracted hepatitis C from a red cell unit transfused to him before we met. However - like all healthcare professionals - I feel saddened, and a shared sense of responsibility, for the devastating impact that this infection had on him and other patients that we cared for, and I was extremely sorry to witness the additional suffering he and his devoted family endured, and his painful and untimely death. The fact that in his case blood transfusion was life-giving, without alternative, for his condition does not make us as care-givers - who intend to improve the quality and duration of our patients' lives - feel any more comfortable about the suffering and early death of this man, or other affected individuals.
7. I have been very careful to ensure that people starting on transfusion, or the parents / guardians of children receiving transfusion, were aware of the possible complications and that they understood these before giving consent for transfusions to be given. However, it is possible I did not go over these in detail in 1990 with people who were established on regular transfusion when I took over their care, believing that the clinicians caring for them previously would have done so, and I apologise for that. I also recall that at that time we really did not fully understand the potential long-term risks of having contracted hepatitis C infection. I know we have all become, appropriately, more and more conscious of the need to discuss, clearly and openly, the risks of all treatment including blood transfusion with patients and families over the thirty years since I started as a consultant.

8. **Witness W1821 states that her husband was not given adequate information about the seriousness of his HCV infection, or how to manage it. Please comment on this.**
9. When this gentleman's blood serology test demonstrated a positive antibody to hepatitis C, indicating that he had been infected, I explained this finding to him and immediately referred him to my consultant haematologist colleague at the Whittington Hospital Dr Beatrice Wonke, for further investigation and treatment, as she already had considerable experience of managing the infection. I did not consider myself in a position to give him any information about the seriousness of the condition, nor its management, as I had very little experience of it at that time, and I was confident that the teams undertaking his ongoing investigations and treatment would discuss this with him and, with his consent, his family. I had – neither at that time nor since – prescribed or managed hepatitis C virus eradication treatment; this was outside my area of expertise. I believed that patients should be managed by clinicians with the appropriate specialty expertise. Dr Wonke, I believe, worked with Professor Dusheiko, consultant hepatologist at the Royal Free Hospital in the treatment of these patients, and I have no reason to believe that the patients we referred were not getting the best advice and treatment that was available at that time; however I cannot comment on what information about the infection, or how to manage it, was given to this gentleman by these teams.

Section 3: Other Issues

10. I have no further issues to add.

Statement of Truth

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

Signed

GRO-C

Dated 10.10.2019