

Witness Name: Dr David Patch

Statement No.: WITN3860001

Exhibits: Nil

Dated: 8 November 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DAVID PATCH

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 7 October 2019.

I, Dr David Patch, will say as follows: -

Section 1: Introduction

1. I confirm my personal details as follow:

Dr David Patch
Royal Free Hospital
Pond Street
London, NW3 2QG

Date of birth: GRO-C/1964

2. I obtained a Bachelor of Medicine and Bachelor of Surgery 1987 and membership of the Royal College of Physicians (UK) 1990.
3. I am an Appointed Consultant Hepatologist at The Royal Free Hospital, a position which I have held since 1988.
4. I was the Secretary of the British Association of the Study of Liver Disease between 2015 and 2019.

5. The information provided within this witness statement is based upon facts within my knowledge, save for where I have indicated the source of my information or belief. Where matters are not directly within my knowledge, I believe them to be true. I have not had cause to consult any medical records in drafting this statement.

Section 2: Responses to criticism of W1002

6. At paragraph 65 of her statement, Mrs Kathleen Stewart states that she does not understand why I stated that her husband was "living on borrowed time" in a letter dated 27 September 1997. She questions why, if this were the case, I then booked an appointment for Mr Stewart to be seen in twelve months' time. She also claims that I never explained to her husband why he could not be given treatment. My comments on this are as follows:
- a. In the letter of 27 September 1997, I identified the modifiable elements of this gentleman's liver disease, and also the presence of the so-called stigmata of chronic liver disease (spider naevi, palmar erythema). We identified that Mr Stewart was drinking a moderate amount of alcohol, particularly at the weekend, but that he was also overweight.
 - b. We were at pains to try and encourage him to change his lifestyle. This had been explained to him at the review, which was why we shared this information with his GP within the letter.
 - c. Mr Stewart had features of cirrhosis and, at that time, antiviral therapy had a very poor success rate in patients with cirrhosis, particularly with genotype 1. Therefore, the term was used to try and drive home the seriousness of this gentleman's condition, as well as to try and encourage the lifestyle changes that can be associated with reductions in disease progression.
 - d. A 12 monthly appointment was given as this was a combined haemophilia and hepatology review clinic, and patients were still reviewed in the haemophilia clinic at other time points.
7. At paragraphs 37 and 81 of her statement, Mrs Stewart claims that I refused to conduct an ultrasound on Mr Stewart in 1999 because I 'assumed' he would have a fatty liver.
- a. An ultrasound was not performed at that time because the echo window in patients who are significantly overweight makes the diagnostic accuracy of ultrasound variable. This was particularly the case in 1999. It was not a question of refusal; it was more a question of diagnostic utility.

- b. Indeed, an ultrasound was requested when his alpha feta protein increased to 72, and this imaging modality did not identify any evidence of hepatoma at the time, and nor indeed did subsequent lipiodol angiography which at that time, in 2001, was our next investigation of choice.

Section 3: Other Issues

8. I am well aware of this family's tragic history, having been involved in the liver transplant of Mr and Mrs Stewart's son, and can only imagine the burden they have had to endure.

Statement of Truth

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

GRO-C: David Patch

Signed _____

Dated 08.11.2019