Witness Name: Dr David Patch
Statement No.: WITN3860003
Exhibits: WITN3860004
Dated: 27.06.2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DOCTOR DAVID PATCH

I provide this statement on behalf of the Royal Free London NHS Foundation Trust (the "Trust") in response to the request under Rule 9 of the Inquiry Rules 2006 dated 13 November 2018.

I, Dr David Patch GRO-C .1964), of The Royal Free Hospital, Pond Street, London, NW3 2QG, will say as follows: -

Section 1: Introduction

1. I obtained a Bachelor of Medicine and Bachelor of Surgery 1987 and membership of the Royal College of Physicians (UK) 1990.

2. I am an Appointed Consultant Hepatologist at The Royal Free Hospital, a position which I have held since 1988.

3. I was the Secretary of the British Association of the Study of Liver Disease between 2015 and 2019.

4. I have been asked to write this witness statement on behalf of the Trust to respond to certain criticisms of the treatment provided to Mr Darren Williams (deceased) raised in the witness statements of Ms Jade Williams (witness W0642) dated 10 June 2019 and Ms Julie Anne Williams (witness W0620) undated. To assist me in preparing this witness statement, I have reviewed the records held by the Trust on Mr Williams and set out responses below based on my recollections of Mr Williams and of the general position and practice within the Trust at the relevant times.

Section 2: Overview of Mr Williams' Condition and Treatment

5. Mr Williams underwent liver transplantation on 11 September 2002 for Hepatitis C related cirrhosis (Genotype 3 and 4) secondary to clotting factor replacement required for his Haemophilia A. Post-transplant he had two episodes of rejection and CMV and underwent a right knee replacement in September 2003. He was also troubled by obesity.

6. A biopsy in December 2004 showed evidence of mild hepatitis and mild fibrosis and he commenced Hepatitis C treatment on 2 September 2005. At that time the standard of care was a combination of Ribavirin and Interferon. Treatment however was discontinued in May 2006 as he developed severe injection site reactions from the Interferon.

7. There were no other treatments available at that time. Unfortunately a biopsy in May 2009 identified developing cirrhosis with evidence of portal hypertension identified at endoscopy in 2010. He suffered a variceal bleed in January 2012 as a consequence of that portal hypertension.

8. Mr Williams was treated with Sobusfovir in January 2012 and assessed at that time and listed for retransplantation. However, after 24 weeks of treatment, Mr William's hepatitis C had relapsed with a baseline RNA of 3.2 million in September 2013. At that point he was commenced on compassionate Sobusfovir and Daclatasvir. With this combination he eventually developed viral clearance.

9. He was rediscussed at the Transplant Listing meeting on 10 August 2014. Due to desaturation on exercise, he underwent a bubble echocardiogram which confirmed hepatopulmonary syndrome (a further complication of Mr William's cirrhosis). An ankle injury occurred in September 2014 which added to his significant immobility.

10. In November 2014 he was transferred over from Whipps Cross Hospital as an inpatient having been admitted with jaundice, confusion and fatigue. The admission was short-lived and he was rereviewed on 25 November 2014 in outpatients. The concern at that time was that he had lost significant muscle mass and was becoming increasingly deconditioned. Critically, concern was also raised regarding the presence of high pulmonary pressures.

11. In December 2014 Mr Williams was admitted to ITU with multi-organ failure, with evidence of respiratory sepsis, and a CT of the chest showing multifocal pneumonia. There was also evidence of acute kidney injury.

12. On 23 December 2014, having been on a period of non-invasive ventilatory support, he required intubation following a significant deterioration in respiratory function. Documentation on 23 December at 01:35 identified that his wife (Mrs Julie Williams) was present at the time and was aware of the significant progressive deterioration in Mr Williams' health and the severity of his illness. I also documented first on 23 December that this event realistically precluded retransplantation and that his partner was present at the time and was aware of the severity of this.

13. On 26 December 2014 there is a documented formal discussion with both the Intensive Care Consultant Dr Rajalingham and myself, along with Mrs Williams, Mrs Williams was informed that there was no further chance of her husband surviving, that we would not escalate treatment, and that the priority would be his comfort and he passed away peacefully on 8 January 2015.

Section 3: Response to Criticism by Witness W06.20

14. At paragraph 13 of her witness statement, Mrs Williams refers to conversations with clinicians after her husband tested positive for Hepatitis C:

    14.1. *"...I am not certain but I do not think they had a detailed discussion about hepatitis C until there was some cirrhosis of the liver, which they seem to imply was as a result of drinking too much alcohol. Although Darren pointed out on more than one occasion that he was not a heavy drinker, this was always met with disbelief for some reason. I do know that my daughter also encountered this reaction from fellow peers at school when she informed them that her dad needed a liver transplant. This seems to be the stigma that is associated with problems of the liver. In Darren's case this was not the reason he needed the transplant; it was because of the hepatitis C."*

    14.2. With regards to the comment that clinicians implied that Mr Williams' cirrhosis of the liver was due to drinking too much alcohol, from my recollection, it was always felt by clinicians that the cirrhosis was due to the Hepatitis C.

15. At paragraph 32 of her statement, Mrs Williams comments that

15.1. "*However by this point, he was too ill to be put onto the transplant list - I think they should have changed the order so that he had the transplant first then they tackle the hepatitis C once he was stronger to cope with the awful side effects of the treatment. I remember that he was part of a study in 2013/2014 which found that people should be put on the transplant first and then they focus on the hepatitis to be removed. (I believe Darren would still be with us today if they had allowed the transplant to go ahead first.)*"

15.2. In response to the criticism that the Royal Free should have carried out re-transplantation first and then retreated the Hepatitis C, this was absolutely against national policy at that time; there was clear evidence that re-transplanting in the context of active Hepatitis C was associated with an increased risk of developing fibrosing cholestatic hepatitis (an aggressive form of recurrent viral hepatitis previously seen in patients with Hepatitis B but also recognised in patients with recurrent Hepatitis C). Indeed the presence of active Hepatitis C in a transplant patient was seen as a relative contraindication to retransplantation due to the inferior outcomes (see **Exhibit WITN3860004**: *Liver Transplantation 2005 Volume 11 Page 1567-1573*).

15.3. My letter of 12 March 2014 made it clear that we were aiming to relist Mr Williams for retransplantation as long as he became HCV RNA negative. I also documented that he had ascites and recurrent anaemia and was not fit for employment.

16. At paragraph 38 of her witness statement, Mrs Williams comments that:

16.1. "*As Darren was on a breathing machine that pushes the air into him, he could talk a little bit. Once on the ventilator, he was unable to communicate. While he was in the ICU, the doctor came in and said that he wouldn't be able to go on the transplant list anymore even if he recovered from this set back as he would never be able to get himself back to a fit state to survive a transplant, and they had a duty of care to give a new liver to someone who had a chance of survival - just what I needed to hear while watching my husband fight for his life.*"

16.2. I refer to paragraph 13, which recalls some of the discussion with Mrs Williams in December 2014. I cannot comment on whether Mrs Williams was or was not told

that clinicians had a duty to give a new liver to someone who had a chance of survival, however if this had been said to Mrs Williams, that would have been correct.

16.3. With regard to the comment that Mr Williams would not be able to go on the transplant list even if he recovered, this is because a repeat echocardiogram confirmed high pulmonary pressures (portopulmonary syndrome) at levels which would preclude transplantation even in a normally fit person. Whilst I appreciate this would have been distressing for Mrs Williams to hear, the number of comorbidities that Mr Williams had which led to him going onto ITU were such that his chance of recovery were very low.

17. At paragraph 40 of her witness statement, Mrs Williams states that:

17.1. "*The hospital wouldn't release Darren's body because of his hepatitis C infection, even though he had cleared it leading up to his death. They kept him in a morgue and he couldn't even go to the chapel of rest. I had to fight for his body to be released so he could be placed and buried in his own clothes; the funeral parlour told us that they only released his body the day before the funeral and by that point he might not be in a good state to be viewed. A lot of people turned up for his funeral, even Dr. Patch. I have never seen so much people - he was so loved.*"

17.2. I am unable to comment on the issue of the release of the body, however a Free from Infection document would not have been issued because of the Hepatitis C, and this may then have delayed release of the body. This would be routine practice for patients with Hepatitis C at the time.

Section 4: Response to Criticism by Witness W0642

18. At paragraph 10 of her witness statement, Miss Williams comments:

18.1. "*Dad was formally told of his infection with HCV via letter dated 24th June 1990. The letter explained that a test was taken on 9th January 1990 that came back positive for HCV, and to make an appointment for any additional information. My dad didn't know he had even been tested on the 9th, and to the best of my understanding he was completely unaware. I first saw the letter when I was 21, and found it very brief and impersonal. I think it was a very disrespectful way to tell someone they have a virus which is difficult to clear. It was also alarming to be told it could be sexually transmitted. Despite its shocking content, the letter did not offer*

any support. It didn't even explain what HCV was or the effects of the virus — the letter contained no helpful information at all."

18.2. I am not in a position to comment on the letter written to Mr Williams dated 24 June 1990 because letters from this time are not held on our electronic system. Hepatitis C was formally identified in 1989 and UK testing did not occur until approximately 1-2 years later. There was still a lot to learn about Hepatitis C, the science around it and subsequent treatment at the time when Mr Williams received the letter. As a result, the letter may have been limited in the information it could provide Mr Williams.

18.3. In relation to the testing for Hepatitis C, haemophiliac patients were routinely blood tested, which included viral screening. Once a test became available for Hepatitis C, this was made available to the whole haemophilia community and would have been included in the viral screening. As such, although I would not have expected reference to be made to testing for Hepatitis C, I would have expected Mr Williams would have been informed and consented to the fact that his blood would be subject to viral screening which by that point would have included testing for Hepatitis C.

19. At paragraph 36 of her witness statement, Miss Williams refers to a report after her father's death:

19.1. "*...After he had passed away the doctors report stated that they could have had better success, if they had given a liver transplant first and then proceeded to clear the HCV.*"

19.2. I cannot find a report which states Mr Williams could have had better success if he had been given a liver transplant first and then proceeded to clear Hepatitis C; I am assuming this refers to Mr Williams need for re-transplantation. This route would have had a very high risk of losing the graft due to early, aggressive recurrent hepatitis C (see **Exhibit WITN3860004**) and was not a viable option until the arrival of the highly effective oral antiviral therapies.

20. At paragraphs 72 and 73 of her witness statement, Miss Williams comments on the provision of counselling to her father:

20.1. *"My parents were only offered counselling through the Skipton Fund but they never took it up. Dad was a very strong character, so it was unlikely he would seek help and support. To admit he was broken would have broken him more.*

Nevertheless, counselling should have been offered by the NHS and towards the end an appointment with a psychiatrist. It should have been the haemophilia department who arranged this. Mental health workers do not know enough about the contaminated blood scandal to give adequate support."

20.2. I understand from enquiries made by the Trust that Mr Williams was offered the full support available to him on the NHS. This included counselling which he received from Mrs Riva Miller (Medical Social Worker / Family Therapist) in the Haemophilia Centre at the Trust over many years.

Statement of Truth

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

Signed GRO-C

Dated 27.06.2022