

Witness Name: Prof Michael Makris

Statement No: WITN4033011

Exhibits: WITN4033012 -16

Dated: 16 11 2021

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF PROFESSOR MICHAEL MAKRIS**

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I provide this statement on behalf of Sheffield Teaching Hospitals NHS Foundation Trust in response to the notification under Rule 13 of the Inquiry Rules 2006 dated 28 May 2021 and the request under Rule 9 of the Inquiry Rules 2006 dated 1 June 2021.

I, Professor Makris, will say as follows: -

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

1. I am Michael Makris and my professional address is the Department of Haematology, Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF. My date of birth is GRO-C GRO-C 1959 and my professional qualifications are MB BS, MA, MD, FRCP, FRCPath.

I am Professor of Haemostasis and Thrombosis at the University of Sheffield and Honorary Consultant Haematologist at the Sheffield Teaching Hospitals NHS Foundation Trust. I have worked in the Haematology Department at the Royal Hallamshire Hospital since July 1987.

#### **Section 2: Response to Criticism of Witness W1654**

2. **Criticism 1:** At paragraph 14 of witness W1654's statement the witness explains that her husband was informed by the Royal Hallamshire Hospital, Sheffield of his HIV positive status alone and then had to "travel home in a state of shock" and inform witness of the diagnosis.

3. **Response 1:** Witness W1654's husband moved from the Liverpool to the Sheffield area in 1985. On 19 February 1985, Dr BA McVerry, Consultant Haematologist at the Royal Liverpool Hospital Haemophilia Centre, wrote to Professor FE Preston asking him to take over the care of this patient [Exhibit WITN4033012].

Professor Preston wrote to Dr McVerry on 4 March 1985 asking for this patient's HTLV-III antibody status [Exhibit WITN4033013] and then attempted to arrange a meeting with Witness W1654 on 06 March 1985 [Exhibit WITN4033014].

Dr McVerry responded to Professor Preston on 19 March 1985 stating that he was sorry but he did not test this man for HTLV-III antibody [Exhibit WITN4033015].

This patient was tested for HIV in Sheffield and was found to be HIV positive. I have reviewed the medical notes but regret I cannot find any information that helps to respond to the criticism.

The medical notes do not have any record of what was discussed before the HIV testing took place, and there is no information of what was mentioned when the result was transmitted to the patient.

I note that the criticism was that the patient was in a state of shock on getting home after hearing that he was HIV positive and that he was told the result when he was on his own. I do not know what the policy was about informing patients on their own or asking them to come with a partner for the result. The finding that you are HIV positive in the mid-1980s is indeed shocking but I am not sure if the criticism was of the HIV positive finding or the way the information was conveyed. If it was the latter I and the Trust apologise that it was not done more sensitively.

4. **Criticism 2:** At paragraph 20 of witness W1654's statement, the witness explains that her husband had a liver biopsy to monitor his liver at 'Sheffield Hospital' but after coming home his stitches broke. Witness W1654 states that the hospital would not send an ambulance, so she had to take her husband herself on the long drive from GRO-C to Sheffield whilst he held towels to his bleeding stomach. Witness W1654 explains that after this incident her husband had to stay in hospital for two or three days.

5. **Response 2:** This response is informed by Exhibit WITN4033016, which are the clinical notes of W1654's husband dated between 9 March 1989 and 21 March 1989.

The patient had an uneventful liver biopsy on 8 March 1989 and was discharged on 11 March 1989. This was a liver biopsy done through the side on the upper abdomen. The needle taking the biopsy is 1-2mm in diameter and there is a small cut on the surface of the skin, which is 0.5-1.0cm in length.

I was actually the junior doctor that admitted this patient at 12:00 midday on 20 March 1989. The information was that he was well since his discharge from the liver biopsy but on 18 March 1989 he caught the scab over the wound and it fell off – there was minimal bleeding.

On 20 March 1989 he stretched at 08:30am and the wound started bleeding. There was continuous ooze. He treated himself at home with 2300u FVIII and although the bleeding slowed down it did not stop so he came to the haematology ward for review. Although there was bleeding from the wound on arrival, he had no abdominal pain, and he looked well. There was no tenderness in the abdomen, but there was redness around the wound. He was reviewed by Professor Preston and Dr Trigger, the Hepatology Consultant who performed the liver biopsy and they concluded this was an infected wound. He was treated with FVIII and oral antibiotics and was discharged home the following day since there was no further bleeding overnight. He had a CT scan of his abdomen that showed no internal bleeding.

This patient's haemoglobin before the liver biopsy was 13.8g/l on 10 March 1989 ie before the liver biopsy and it was 14.5g/l on the 20 March 1989 on admission to hospital with bleeding, indicating that there was no major blood loss.

The criticism appears to relate to the hospital not sending an ambulance rather than the bleeding after the liver biopsy.

I do not know what the ambulance pathways and agreements were in existence in 1989 with respect to transporting patients within the region. The hospital at the time did not have ambulances to collect patients in an emergency. Unfortunately from the information available to me I do not know whether there was a refusal to transport a patient from GRO-C to Sheffield, whether the ambulance service refused to send an ambulance, or whether someone from the hospital in Sheffield refused to organise one.

**Statement of Truth**

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

Signed GRO-C

Dated 16.11.2021

**Table of exhibits:**

Date	Notes/ Description	Exhibit number
19 February 1985	Letter from Dr McVerry to Dr Preston	WITN4033012
04 March 1985	Letter from Dr Preston to Dr McVerry	WITN4033013
06 March 1985	Letter from Dr Preston to Witness W1654	WITN4033014
19 March 1985	Letter from Dr McVerry to Dr Preston	WITN4033015
09 March 1989 - 21 March 1989	Clinical Notes of Witness W1654	WITN4033016