

Witness Name: Dr Derek King

Statement No.: WITN4535002

Exhibits: Nil

Dated: 9th November 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DEREK KING

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 28 September 2022

I, Derek King, will say as follows: -

Section 1: Introduction

- 1. Introductory paragraph to include your date of birth, address, occupation and employment history.**

Dr Derek John King

GRO-C

Date of Birth: GRO-C 1951

Qualifications:

1973 - B Med Biol with Commendation, University of Aberdeen

1976 - MB ChB with Commendation, University of Aberdeen

1979 - MRCP(UK)

1985 - MRCPPath(Haematology)

1993 - FRCP (Edin)

1995 – FRCPPath

Retired 31.3.2015

Employment History

1.8.76 – 31.7.77 Resident House Officer, Aberdeen Royal Infirmary

1.8.77 – 31.7.78 Temporary Lecturer in Pathology, Department of Pathology, University of Aberdeen

1.8.78 – 30.9.79 Senior House Officer in General Medicine, Grampian Health Board

1.10.79 – 30.6.82 Registrar in General Medicine/Haematology, Grampian Health Board

1.7.82 – 30.6.84 Resident 4 and 5 (Senior Registrar equivalent), Residency Training Programme in Haematology, McMaster University Medical Centre, Hamilton, Ontario, Canada

1.7.84 – 31.10.86 Lecturer in Medicine (Honorary Senior Registrar), Department of Medicine, University of Aberdeen

1.11.86 – 1.6.94 Consultant in Haematology and Oncology to Grampian Health Board (then Aberdeen Royal Hospitals NHS Trust)

1.6.94 – 31.3.2015 Consultant Haematologist and Service Clinical Director for Laboratory Haematology to Aberdeen Royal Hospitals NHS Trust, then Grampian University Hospitals Trust, now NHS Grampian.

In both these consultant posts my main area of patient responsibility was at the Royal Aberdeen Children's Hospital (RACH) including malignant and non-malignant haematology, and oncology services.

From 1996 – 1999 Head of Service for Clinical Haematology in Medical Directorate (adult service).

Sept 2011 – March 2015 Clinical Lead for Governance and Quality Assurance for the Managed Service Network for Children and Young People with Cancer in Scotland.

17.2.2021 – 31.3.2022 Worked as a vaccinator with NHS Grampian as part of pandemic response.

Section 2: Responses to criticism of W5397

2. **Please insert your response to the criticisms made by witness W5397, as laid down in the Rule 13 Notification.**

The criticisms I have been asked to comment on are set out as follows:

Paragraph 22

“When he diagnosed her, Doctor King told us that he had already known for a couple of years that Angela was infected with HCV. He was of the opinion that he was doing the right thing by not telling us about the HCV diagnosis as in his view he was trying to protect us, but it shocked us.”

Paragraph 23

“Angela's initial diagnosis with leukaemia had devastated us anyway, but waiting until she finished her leukaemia treatment and then to be told that she had HCV, killed all our hope. If we had known from the beginning about the HCV it would have been easier for us to deal with. At the time, we were angry, but we didn't want to argue with any of the medical professionals about Angela's HCV diagnosis, the delay associated with it, or the lack of treatment, as we didn't want to put her leukaemia treatment at risk, so we kept quiet.”

Paragraph 24

"I met with Doctor King around 6 months after Angela's death. He wanted to know what we thought about Angela's treatment. I asked Doctor King why he didn't tell us about the HCV earlier. He said that he was trying to save us from more worry. I told him that it had caused me a lot of grief and that where I had trusted him implicitly before, I now thought 'Is he telling me everything?' He was such a professional and we were surprised that he acted in this way. There were a lot of questions as to why we were never told. He should have told us upfront. It would not have made much of a difference to us, it would have been just another thing to add on to everything else we were dealing with."

Paragraph 30

"I describe their delay in advising us of the HCV diagnosis as a bit like closing the stable door after the horse has bolted. They should have told us earlier, we should have known because of the risk factor of infecting others, if nothing else. We thought, 'can we trust anyone? And If they didn't tell us about HCV for 2 years, what else were they not telling us? We really lost trust in the medical profession going forward. It was like suddenly that trust diminished after knowing that they knew about it all that time, and they knew that Angela was at risk of transmitting the infection for all that time."

I have had access to some of the clinical notes of the patient, in particular at least some of the letters written to the GP documenting the course of the illness. Very few written notes were available.

As documented in the witness statement this patient was diagnosed with acute lymphoblastic leukaemia at a young age and had a very complicated course over several years. At diagnosis the features of the leukaemia put her at increased risk of not having a good response to treatment. She was treated with intensive chemotherapy, cranial radiotherapy and a total of two years of chemotherapy as in the protocol used at that time. After her first relapse she was treated with high dose therapy and autologous bone marrow transplantation in an attempt to reduce the risk of further relapse. Despite this

she suffered a number of relapses and ultimately died of progressive leukaemia.

As noted in many sections of the statement her parents were happy with the quality of her care at the Royal Aberdeen Children's Hospital, and in general with the communication they received from me.

At the current time I cannot remember my reason for not informing the parents of the diagnosis of HCV infection until sometime after it was made. It may have been at least partly related to the difficulties in treating the leukaemia and the frequent relapses. With the lack of evidence of deterioration in liver function tests I would not have thought the HCV was likely to need treatment or have a significant impact on the treatment of the leukaemia. In retrospect it could be seen as misplaced protection of the parents.

From the letters at the time I told them about the HCV diagnosis, I met the parents twice within about a week to discuss that. I did discuss how the infection had come about as it was transmitted in blood products which were an essential part of the supportive care in the management of the leukaemia. I explained why I did not think treatment was needed in the absence of evidence of inflammation of the liver and any possible impact on the treatment of the leukaemia. We also discussed precautions to deal with blood spillage and other aspects of the patient's care. From the written notes of the outreach nurse, she had sourced written information about Hepatitis C to give to the parents although I do not know if these were taken to the parents on a home visit.

At those meetings I was aware of the parents' anger about the delay in informing them of the HCV diagnosis. I would have apologised at the time and, as noted by the parents, they did not agree with my reasons for the delay. The witness statement also notes this did impact on our clinical relationship although I think I would have worked hard to improve this. I can assure the family that all the communication in relation to the leukaemia diagnosis and the management of their daughter's leukaemia was correct.

It was always my practice to offer to meet with the parents of children who died under my care to go over any questions they had about the care. As noted in the statement I met with the mother about six months after the patient died. We discussed all aspects of her care including the HCV. While I understand the anger about the delay in communication of the diagnosis it was not done to hide anything but in a misplaced attempt to reduce the concerns of the parents.

Section 3: Other Issues

3. **If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here.**

None.

Statement of Truth

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

Signed

GRO-C

Dated

09/11/2022