

Witness Name: Rhona McMenemin

Statement No.: WITN4553001

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF RHONA MARGARET MCMENEMIN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26th May 2020.

I, Rhona Margaret McMenemin, will say as follows: -

Section 1: Introduction

1. Rhona Margaret McMenemin

GRO-C

Kincardineshire,

GRO-C

GRO-C 1965

M.B.Ch.B., M.Sc., F.R.C.P.I., F.R.C.P.(Lon), F.R.C.R.

2.

- Consultant Clinical Oncologist in Aberdeen Royal Infirmary: May 2019 – current
- Consultant Clinical Oncologist in the Newcastle Hospitals Foundation NHS Trust: July 2001 - March 2019
- Chair of the Northern Cancer Network Supra-regional Testis Cancer Group: 2011-2019
- Examiner for final FRCR part B: 2011-2017
- Lead clinician for Student Selected Components (SSC) in Oncology, Newcastle University: 2012-2019
- Co-chief investigator in the SOCCAR trial in the treatment of locally advanced non-small cell lung cancer:
 - SOCCAR: A randomised phase II trial comparing sequential versus concurrent chemotherapy and radical hypofractionated radiotherapy in patients with inoperable stage III Non-Small Cell Lung Cancer and good performance status
European Journal of Cancer (2014) 50, 2939– 2949

J. Maguire, I. Khan, **R. McMenemin**, N. O'Rourke, S. McNee, V. Kelly, C. Peedell, M. Snee

3. I am not a member of any committees or groups relevant to the Inquiry

Section 2: Responses to criticism of W2087

4. I am asked to comment on criticism made by witness W2087 in relation to care provided to her father (whom I shall refer to as "the patient" for the purpose of maintaining witness anonymity). Witness W2087 states that a letter from me to her father's GP dated 21st February 1992 indicated that I had found information that showed he was Hepatitis C positive, and that I would check this again and notify her father of the result. She then states that I wrote to her father on 28th February 1992 advising him that he was HIV negative, but did not mention his positive Hepatitis C status. Similar criticism is contained in paragraph 9 of witness W2088's statement. I respond as follows.

WITN2087006 refers to my letter to the GP dated 21/2/1992. The letter suggests the patient was attending the clinic for a further check on his HIV status which had hitherto been negative, his hepatitis status and his liver function tests. The impression is of someone who did not otherwise attend regularly. The hand written insert I refer to is WITN2087004. I recognise Dr Andrew Heppleston's writing and it looks like on the entry of 21/1/1992 he has written "Needs check on LFTs, HIV and Hep B status (known Hep C +ve)". My memory is that he looked after these patients prior to Dr Philip Cachia's appointment and therefore suggests he was aware of the positive serology at that time. My letter outlines that I wished to confirm this, presumably in case there was any error as this was a hand written note. I am assuming I therefore did not want to relay this information to the patient during the consultation until I had seen either an authorised laboratory report or had had the opportunity to confirm this with Dr Heppleston in person. I would also surmise that there was therefore no report filed in the notes at the time of seeing the patient and for whatever reason it may not have been possible to contact either the laboratory or Dr Heppleston directly in real time. It should also be noted laboratory reports were not routinely available online in the early 1990s. My letter goes on to say to the GP we would notify them when the results were available. I cannot see anything in that correspondence that indicates I was going to notify the patient, and GP letters were not routinely copied to patients at that time and even today this is not universal practice.

I did write to the patient on the 28th February 1992 regarding his HIV status in WITN2087007. As to why I did not mention his hepatitis status, I outline potential scenarios due to the fact that significant time has elapsed and I therefore have no

memory of the situation. It may have been that we were waiting for the complete hepatitis serology to return before this information was then communicated in full. The letter to the GP of 28/2/1992 (WITN2087007) refers to this information being incomplete but does communicate the information regarding his hepatitis C serology. It was also common practice at that time to only write to GPs, especially if this was to convey potentially difficult news. This was particularly so if patients didn't attend clinics frequently and their next face to face contact was going to be at the surgery. As to why I wrote to the patient on the same day (WITN2087007) regarding his HIV status, what I do remember of that time was that this was what patients were largely anxious about; and this may have prompted that letter specifically.

WITN2088001 paragraph 10 suggests the patient did not discuss his diagnosis with his family until some three years later.

Section 3: Other Issues

5. While I am described as a Haematology Registrar at the time of these events I was a junior doctor in Ninewells hospital who had completed 2 years of what would now be recognised as the equivalent of Core Medical Training and was spending some time in Haematology while trying to obtain the MRCP. I was not training to be a career Haematologist. This post is not what would be recognised now as a training Specialist Registrar post (they were later described as "SHO3" jobs) and would be more in keeping with a LAS/LAT job in today's medical world.

I had been in the specialty for less than six months at the time of these events which are now nearly 30 years ago.

Statement of Truth

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

Signed

GRO-C

Dated

4) 8 / 2020

