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Mary Quigley
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Date 16/12/2021
Your Ref
Our Ref JFD/LM
Enquiries to Professor John Dillon
Extension
Direct Line GRO-C

Dear Mary Quigley

Re: Paul Barclay Gabriel Pike - Date of Birth GRO-C 50 - request for written statement under Rule 9 of Infected Blood Inquiry - cr ticism of witness W0181

Q1. Please set out your name, address, date of birth and professional qualifications.

John Francis Dillon - date of birth GRO-C 1963 - Ward 2, Ninewells Hospital DOI 9SY - MBBS, MD, MRCP (UK), FRCP Edinburgh, FRCP London.

Q2. Please set out your current role at the Board and your responsibilities in that role.

At NHS Tayside I am an honorary Consultant Physician Gastroenterologist and Hepatologist with main responsibilities in the provision of general and specialist Hepatology services to NHS Tayside. I am clinical lead for hepatitis services and on that basis, I was asked to respond, although I was not involved in the care of the patient.

Q3. Please set out the position of your organisation in relation to the hospital/other institution criticised by the witnesses (for example 'NHS ABC Health Board ("the Board") operates from Hospital X and Hospital Y (formerly Hospital Z)').

The position of NHS Tayside is that it was responsible for the provision of care at Kings Cross Hospital when it existed as a hospital at the time of this complaint.

Q.7 At paragraph 9 of his witness statement, witness W0181 states that in 1981 he was told he had non A, non-8 hepatitis but he did not know what it was. He asserts that the doctor at King's Cross Hospital failed to explain the significance of the infection to him properly. Instead, at paragraph 14 witness W0181 states that he was given information on Hepatitis C by his GP in 2011. Please comment on this.

In 1981 Mr Pike had received blood transfusions for an upper gastrointestinal haemorrhage secondary to gastric erosions and this blood transfusion had caused him to have a post transfusion hepatitis which explains his symptoms at the time. He was diagnosed with non-A and non-B hepatitis at that time, and he advises that he received little information from the Doctors. In 1981 the medical knowledge was that there was an additional hepatitis associated with transfusion that was not hepatitis A or hepatitis B, hence the term non-A and non-B. Although this term is now accepted to

have described 3 viruses HCV, HEV and another termed "hepatitis F" remains to be identified. In hindsight HCV accounts for most transfusion related hepatitis.

The general understanding of medical practitioners at this time was that it tended to be a mild hepatitis that was usually self-limiting but in some patients caused mild abnormalities of liver function tests in the long term. There was not generally known to be any significant consequences and it was regarded as a much milder disease than hepatitis B. This would have been the standard advice given by a competent medical practitioner.

It must be borne in mind that these events were occurring at a time of ongoing medical research and discovery, what was published in research journals, would not be widely known and would not be instantly taken as a medical fact, as it would be subject to validation. There was expert literature starting to appear at this time that suggested transfusion associated hepatitis might cause cirrhosis in the long term in a small proportion of patients, this was not widely known and was for some years the subject of further research, before becoming established medical fact, among experts around 1986, even at this time the literature was referring to a mixture of the 3 viruses described above. The hepatitis C virus was identified in 1989 and in 1991 antibody testing became available to make the diagnosis, it was only at this stage with investigations in transfusion cohorts and non-transfused patients that the true impact of HCV was uncovered. Treatments became available in the late 90's and through the 2000's based on interferon and the truly effective therapies without interferon became available in 2014, but not widely available until 2015-2016. It was only after diagnostic test for HCV became available in 1991 that the long term consequences and the slow natural history of hepatitis C and the persistent nature of the infection became apparent and this information would not have been available to the Doctors at Kings Cross in 1981. Look back exercises have been conducted for recipients of blood transfusions from donors known to be positive however the limitation of these is that there is no residual, sample of the units of blood transfused and so we rely on the donor donating blood again and being shown to be positive. When that occurs all of the previous units that the donor has ever donated are traced and all of the patients who received those units are tested. However a significant number of patients donate blood on very few occasions and therefore if they do not donate blood again their donations cannot be traced.

Yours sincerely

GRO-C

Professor John Dillon
Consultant Gastroenterologist and Hepatologist