

Response to Lothian Health Board to a request from IBI dated 23rd March 2021 for a response to criticisms made by [GRO-B] about her son [GRO-B]

I have been invited to respond to a request from the Infected Blood Inquiry of 23rd March 2021 to paragraph 5 of the witness statement of [GRO-B] of 17th December 2018 about her son [GRO-B]

In paragraph 5 of her statement it is alleged that the Sister from the Haemophilia Centre at the Royal Infirmary, Edinburgh requested that [GRO-B] should attend the Centre rather than the more local Queen Margaret Hospital in Dunfermline following a crush injury to his foot. [GRO-B] stated that the Sister at the Haemophilia Centre wanted [GRO-B] to be transferred to the Royal Infirmary. [GRO-B] now believe(s) that the Infirmary were trying to stop Dunfermline Hospital from finding out he was infected (with hepatitis C)'.

Background

[GRO-B] has severe haemophilia B and was under the care of the Edinburgh Haemophilia and Thrombosis Centre at the Royal Infirmary. He will have been exposed to hepatitis C early in life from factor IX concentrate administered to treat or prevent bleeds. The statement records a meeting with the liver specialist Professor Hayes in relation to hepatitis C.

Response to crush injury

Details of the crush injury are not given in the statement, but it was of sufficient severity that [GRO-B] was taken to the Queen Margaret Hospital near his home. As a result of the crush injury he would likely have experienced bruising to the muscles and joints of his foot which would be more extensive because of his haemophilia. To aid recovery and reduce the risk of permanent damage to the muscles and joints in his foot, it would have been appropriate for him to be assessed by individuals experienced in the management of haemophilia and almost certainly to have been offered factor IX concentrate therapy. Other treatments might have been appropriate depending upon the nature and severity of the injury, e.g. light weight plastic splint.

The standard arrangement for individuals with haemophilia is that, where possible, they should attend with injuries and bleeds at the local haemophilia centre rather than an accident and emergency department of a local hospital. It was therefore entirely appropriate for the Sister to recommend that [GRO-B] should be seen at the Haemophilia Centre following his injury. The request to transfer [GRO-B] and for arranging for him to be reviewed at the Haemophilia Centre had nothing to do with hepatitis C, nor avoiding Queen Margaret Hospital knowing of [GRO-B]'s viral status.