

Witness Name: Dr Hal Spencer
Statement No.: WITN7055001
Exhibits: n/a
Dated: 11th March 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF HAL SPENCER

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 10 March 2022.

I, Dr Hal Spencer will say as follows: -

Section 1: Introduction

Dr Hal Spencer, Medical Director, Chesterfield Royal Hospital NHS Foundation Trust, Calow Chesterfield, S44 5BL

Date of birth GRO-C 1968

Employment history: Consultant at Chesterfield Royal Hospital and on the Specialist Register since 2004.

Section 2: Responses to criticisms by witness W3281

As well as being the gastroenterology consultant who looked after Mrs Marian Hopkinson at the time, I am also now Medical Director at the trust and so had been asked to comment about this case from a more general trust perspective.

Your letter to me (via email) states that the Witness W3281's mother caught Hepatitis A,B, C and suspected D&E sometime between 1968 and the 1990s. I do not believe that to be the case. I believe she had autoimmune hepatitis which is unrelated to viral hepatitis.

Unfortunately, Mrs Hopkinson's notes have been destroyed (in line with national guidance to keep notes for 8 years following death (she died in 2008) and well before the national request from the Infected Blood Inquiry to not destroy further notes). Whilst I remember her name, I truly cannot remember any specifics about her care. I do however note, that her death certificate says that she died of autoimmune hepatitis, which although it is a liver condition, is completely unrelated to any known hepatitis virus and specifically is not connected to hepatitis B or C in any way.

I am saddened by the fact that both Mrs Hopkinson and her daughter (who has contacted the inquiry) felt that I did not look after her in a kindly way and specifically I am sorry if I did not communicate clearly or compassionately enough to her daughter after her death (paragraph 42). I am certain that I would not have said that she died like an alcoholic when there was a clear alternative diagnosis (autoimmune hepatitis) and where there was clear and repeated evidence that she did not drink. I can only think that I intended to explain that as a result of her liver disease she had developed liver cirrhosis and that whilst many people associate liver cirrhosis with alcohol, this is not always the case and that it was not the case in Mrs Hopkinson's case. I am truly sorry if my communication was poor and if that added to the family's distress.

In relation to the other criticism (paragraph 40) that I refused her mother a liver transplant, again, I am sorry if I did not communicate matters clearly. Referral for consideration of a liver transplant is always dependent on multiple factors dependent on co-morbidity and prognosis. Chesterfield has never done liver transplant so the decision about a liver transplant would never have been made by me alone.

I also note (paragraph 20) that Mrs Hopkinson was informed that she had autoimmune hepatitis, not viral hepatitis. I believe that the statement in paragraph 15 is factually inaccurate as I would have never said that someone had hepatitis A,B, C, D and E, if only because hepatitis A and E are transmitted in a completely different way and are transient short lived infections.

Section 3: Other Issues

n/a

Statement of Truth

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

GRO-C

Signed _____

Dated 11th March 2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
n/a	n/a	n/a