Mrs Helen Rice DOB: GRO-C 48
CHI number: GRO-C
IBI witness WITN2251001

Professor Peter R. Mills MD, FRCP DOB: GRO-C 1948

I was previously a Consultant Hepatologist at the Western Infirmary and Gartnavel General Hospital in Glasgow and ran the Virus Hepatitis Treatment Service. I retired as a Consultant employed by the Greater Glasgow and Clyde Health Board in 2016.

I have been asked by the Board to comment on Glasgow Hospital records from Stobhill Hospital and Gartnavel General Hospital following a criticism made by Mr John Rice (Jr), son of Mrs Rice, to the Infected Blood Inquiry on 9.7.20.

The criticism reads:

"At paragraph 13 of his statement, Mr John Rice, witness W2250001, states that his mother was treated badly when she was told of her HCV infection. He states that the medical professionals treated her as if she was a promiscuous woman or an alcoholic which made him quite angry. Please comment on this."

Response to criticism in paragraph 13:

Partial records from both hospitals were supplied which covered the period of inquiry.

Mrs Rice was referred to the Rheumatology Clinic at Stobhill Hospital by her GP Dr Geraldine Kelly on 29.2.00 with weight loss, stiff shoulders, heavy arms and low back pain. She was seen at Dr P.E. McGill's clinic on 23.3.00 where a possible diagnosis of rotator cuff syndrome was considered. She had been noted to have abnormal liver function tests since 1991 and a spectrum of blood tests was undertaken.

She was referred to Dr Booth Danesh, Consultant Gastroenterologist, and seen at his clinic by Dr Hoque, SHO 111, on 29.9.00. An appropriate history and examination were made. Her rheumatoid factor and smooth muscle antibodies were both positive and a liver biopsy was arranged for 13.11.00. This showed chronic hepatitis with significant hepatic fibrosis, a moderate inflammatory response and interface hepatitis, raising the question of autoimmune hepatitis in keeping with her musculoskeletal symptoms. Mrs Rice was recorded as having very little alcohol intake and no sexual history was recorded.

She was started on a trial of prednisolone therapy for autoimmune hepatitis and felt a little better. On review by Dr Danesh on 19.1.01 he noted that the PCR test for hepatitis C RNA was positive, raising the question as to whether she actually had chronic hepatitis C rather than autoimmune hepatitis. I suspect that this was when the patient first learned of her infection. A history of 4 to 5 units of blood transfusion after cholecystectomy in 1977 was elicited as a potential source for her infection. No other risk factor for infection with hepatitis C was found. The prednisolone therapy was gradually reduced and the patient referred to me at Gartnavel General Hospital for further assessment and consideration of antiviral therapy.

She was first seen by me on 10.7.01 when I confirmed that she was likely to have transfusion-related chronic hepatitis C. I had already reviewed all the Stobhill Hospital records and results and summarised them in a letter on 5.7.01. Her steroid therapy was reduced with a view to starting her on interferon

and ribavirin therapy which commenced on 15.2.02 and was successful in clearing the virus. I last saw her in 2015 and she remains under follow-up at Gartnavel General Hospital by my successor.

At no point in any of her written records was there any reference to her liver disease being due to alcohol excess and there was never any suggestion of a sexually transmitted disorder. The hepatitis C virus is rarely transmitted sexually and questions on this area seem most unlikely.

I am sorry that Mrs Helen Rice had a memory of her condition being badly handled in the past. I can find no evidence for this in any of her medical records. However, oral discussions may not always be recorded in the written notes. The working diagnoses of autoimmune hepatitis and then chronic hepatitis C were so clear that there was no need to repeatedly explore other explanations for her condition. Her presentation was initially quite complex with joint symptoms but the medical staff at Stobhill Hospital soon established the correct diagnosis and referred her promptly for appropriate and successful treatment.

Professor Peter R Mills 22.4.22
Retired Consultant Physician and Hepatologist