

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR GORDON LOWE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26 July 2022 to Ms Jane Grant, Chief Executive Officer, NHS Greater Glasgow and Clyde Health Board.

On 17 November 2021, the NHS Scotland Central Legal Office asked me to assist the Board by providing a response, on behalf of the Haemophilia Centre at Glasgow Royal Infirmary, to criticisms in a statement by Mrs Campbell on her late husband's management at the Glasgow Royal Infirmary between 1978 and 1995.

For the purposes of preparing this response, I have been provided with a photocopied set of medical records relating to Mr Campbell. I have not seen the original records and I am not confident that the copies which I have seen comprise the complete records.

2.1 Mrs Campbell's statement that in September 1978 when she telephoned Glasgow Royal Infirmary to inform them her husband had been ill with hepatitis following a hernia operation, she was told, "Nobody else has it!"

I can see no record of this conversation in the photocopied case records. As I have stated to the Penrose Inquiry and the Infected Blood Inquiry, between January 1978 and December 1985 I was a Lecturer and Honorary Senior Registrar in Medicine in Glasgow Royal Infirmary, training in General Medicine with a main interest in Thrombosis and Vascular Medicine. I was not regularly involved in reviewing patients at the Haemophilia Centre, but was happy to assist on occasion if designated Haemophilia Centre staff were not available.

The case records include a letter to Mrs Campbell which Drs Prentice and Forbes, haemophilia Centre consultants, asked me to write on 30 October 1978. I presume that this request

followed Mrs Campbell's telephone conversation to a member of staff at Glasgow Royal Infirmary. The Haemophilia Centre had a form letter to patients, relatives or other doctors, requesting information on any patient who had developed hepatitis; to allow the Centre to prepare reports to Public Health, and to suppliers of relevant blood product treatments. This letter asked Mrs Campbell to let the Centre know how her husband was, his address in Curacao so that we could write to him, and the names of the hospital and doctor in Curacao so we could ask them for a report (WITN7116006).

I can find no record of a response to this letter in the photocopied case records. I note in Mrs Campbell's statement that his hepatitis was classed as NonA/NonB (paragraph 6). The case records record that he had vasectomy and repair of an inguinal hernia in September 1978 by Mr C W Imrie; for which he received infusions of cryoprecipitate and factor VIII concentrate to prevent excessive bleeding.

2.2. Mrs Campbell states that her husband was tested for HCV in 1994 without being given any information or asked for consent.

The copied case records include that Mr Campbell was reviewed at the Haemophilia Centre in November 1993 by Dr I. Odame, Registrar in Haematology, and referred by Mr Imrie for recurrent inguinal hernia repair. Dr Odame confirmed that Mr Campbell would be responsive to infusions of the synthetic drug, desmopressin (DDAVP), which was satisfactory in preventing excessive bleeding following surgery on 6 January 1994 (WITN7116007). The case records do not support Mrs Campbell's statement that Factor VIII was given during his 1994 operation (paragraph 10).

Prior to this surgery, routine blood tests were performed, including liver function tests and testing for hepatitis A, B and C. From 1991, routine hepatitis C testing was available in the UK NHS and was standard practice for patients with haemophilia who had received blood or blood products; especially for those like Mr Campbell who had a clinical history of hepatitis. I have given evidence to the Penrose Inquiry, and to the Infected Blood Inquiry, on the Haemophilia Centre's policy on information given to patients about hepatitis testing, including hepatitis C from 1991; which was in accordance with guidance from the UK Haemophilia Centre Directors' Organisation.

2.3. Mrs Campbell's states that at a consultation at the haematology department she and her husband were told "We have infected all 3,000 of our patients with hepatitis C", and "You'll just have to live with it." She states the way in which she and her husband were informed of the diagnosis was very blunt with no consideration of the impact it would have.

The case records note that I reviewed Mr and Mrs Campbell at the Haemophilia Centre on 1 February 1994; and counselled them about hepatitis C, including advice about risk of progressive liver disease, avoiding alcohol use, and risk of sexual transmission. I explained that hepatitis C was the likely cause of his nonA /nonB hepatitis in 1978; that he required hepatitis A and B vaccination from his general practitioner; that we were arranging liver ultrasound and barium swallow radiology to see if there was evidence of chronic liver disease; and that we would then refer him to Dr J Mackenzie's hepatology clinic for follow-up and consideration of interferon therapy - which was done on 20 June 1994 (WITN7116008).

The case records note that I reviewed Mr and Mrs Campbell again on 15 August 1994; and informed them of the radiology results, which showed no oesophageal varices on barium swallow; but that the liver scan showed evidence of chronic liver disease.

I have given evidence to the Penrose Inquiry, and to the Infected Blood Inquiry, on the Haemophilia Centre's policy on information given to patients and partners about positive hepatitis C tests; which was in accordance with guidance from the UK Haemophilia Centre Directors' Organisation. We arranged that this be done with adequate time for discussion; and offering reinforcement with patient information leaflets.

I would never tell my patients that "We have infected all 3,000 of our patients with hepatitis C". In early 1994, information on the number of patients registered at GRI who were carriers of hepatitis C (antigen positive) was evolving, and from memory would be about 50.

I would never tell my patients that "You'll just have to live with it." They were given advice on precautions against transmission, and against progression of liver disease; and informed that they would be referred to a hepatology clinic for follow-up and ongoing discussions, including on interferon therapy.

2.4. Mrs Campbell states that “having realised the apathy and careless attitude of the Royal Infirmary”, she requested her husband’s treatment be transferred to a different hospital.

Having examined the photocopied case records, I do not think that the GRI Haemophilia Centre’s management of Mr Campbell’s positive hepatitis C test in 1994 was either apathetic or careless. Mr and Mrs Campbell were given appropriate information and advice, including on vaccinations against hepatitis A and B; appropriate radiological investigation; and appropriate referral to Dr Mackenzie’s hepatology clinic.

The case records record that when Mr Campbell was reviewed at Dr Mackenzie’s Clinic on 14 November 1994, he was referred to Professor James’ clinic at the Freeman Hospital, Newcastle for management of his hepatitis C, because he lived quite close to Newcastle.

Statement of Truth

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

Signed GRO-C

Dated 25 March 2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
30 October 1978	Letter to Mrs I Campbell	WITN7116006
13 March 1994	Discharge Summary	WITN7116007
20 June 1994	Referral Letter	WITN7116008