Witness Name:
Douglas MacDonald
Statement No.: WITN7733001
Exhibits: None
Dated: 29 September 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DOUGLAS MACDONALD

I provide this statement on behalf of The Royal Free London NHS Foundation Trust in response to the notification under Rule 13 of the Inquiry Rules 2006 dated 29 March 2023 and the request under Rule 9 of the Inquiry Rules 2006 dated 10 May 2023.

I, Douglas Macdonald, will say as follows: -

Section 1: Introduction

1. I am employed by the Royal Free London NHS Foundation Trust ("the Trust") as a consultant hepatologist since June 2014 and clinical lead of the viral hepatitis service (from February 2020 onward).

2. As a consultant hepatologist and viral hepatitis clinical lead my responsibilities include outpatient and inpatient management of patients with liver disease and MDT coordination of treatment decisions with the viral hepatitis service.

3. I have been asked to write this witness statement on behalf of the Trust to respond to certain criticisms raised in the witness statement of W7572 dated 15 December 2022, in which she raises criticisms regarding the care her late mother received by the Trust. Those hepatologists who were involved in her care have since left the Royal Free London NHS Trust. I have not met W7572's late mother and was not involved in her care so my response is derived from the available medical notes.

4. For the purpose of preparing this witness statement I have reviewed the records held by the Trust in relation to W7572 's later mother and provide this statement on the basis of those records. Where matters within this statement are not directly within my own knowledge, I believe them to be true.

Section 2: Response to Criticism of W7572

5. The Inquiry has requested that the Trust respond to the following comments made by W7572.

6. At paragraphs 21 of her statement, W7572 recounts how her late mother endured a "*painful biopsy, to check how bad her liver damage was, at the RFH between approximately 2008 and 2011*". W7572 states that during a visit to her late mother on the ward, she "*picked up the clipboard and was horrified to see that it had written on it to the effect of "*Hepatitis C, cirrhosis due to ETOH"." W7572 adds the following: *"ETOH means alcohol abuse and I was so upset and angry on seeing this because I knew that it was totally untrue in relation to my mum. I remember furiously marching into the nurses' station clutching the clipboard, demanding to know why ETOH had been written. Their response was to just cross it out."*

7. On review of W7572's later mother's records, I have seen no reference to alcohol abuse or alcohol dependence. The cause of W7572's late mother's liver problems are repeatedly listed as hepatitis C and I cannot see that alcohol is documented as a contributing factor in the records available. The records held for W7572's late mother on the RFH EDRM system are limited but I have reviewed some loose filing scans that include a liver biopsy report from 2001. This had some features (Mallory bodies and steatosis) that might indicate a component of alcohol-related liver damage; however, it is not documented as alcohol-related damage and this could also be caused by non-alcoholic fatty liver disease. There are no clinic notes available from the time of the biopsy referred to by W7572 and so I am unable to comment on the alleged inclusion of "ETOH" on W7572's late mother's records. The microfilm records (covering the 1980s) do not appear to cover the period of the biopsy and make no reference to excess alcohol consumption.

8. I have seen there is a reference in a handwritten clinic note by Professor Geoffrey Dusheiko in 2007 that reported: "*alcohol – occasional*". Further clinic letters from

2014 when W7572's late mother was under the care of Dr Penny Smith mention W7572's late mother's ongoing drinking alcohol at weekends and special occasions and the letters reiterate previous advice to abstain completely given the presence of cirrhosis on previous biopsies.

9. At paragraph 23 of her statement, W7572 states that she wrote a letter of complaint via email to the Trust. She says she "*complained about the fact that W7572's later mother had been infected with Hep C in the first place following the botched operation by the gynaecologist, who interestingly disappeared into doing only private practice shortly after [her] operation, and it also covered the erroneous recording of ETOH in the medical records".* She adds that the Trust's response was "*something along the lines of there was nothing they could do about the Hep C infection as the blood given to W7572 's late mother was not tested and they said that [she] now had a new set of hospital records which did not contain reference to ETOH".* I have been unable to locate this complaint and the Trust's response so am unable to provide further comment on this.

10. W7572 adds at paragraph 24 that the Trust "*did accept that they had been the cause of W7572 's late mother's infection, and she did receive funds from the Skipton Fund".* I have been unable to locate a copy of the Skipton fund application or the outcome of this in W7572's late mother's records. I note that there is a handwritten clinic entry dated 3 April 2000 by haematology (Dr Anil Mehta) which documents a hysterectomy for menorrhagia "*20 years ago*" which would have been around 1980. This is clarified in a subsequent consultation that year (following the diagnosis of hepatitis C by the haematologists) by hepatologist, Dr Marsha Morgan, as a "*hysterectomy in RFH*". Dr Morgan's written notes on 8 March /2001 state "*Hepatitis C +ve – Blood transfusion*". I have reviewed microfilm notes that include a consent form for a hysterectomy before a vaginal hysterectomy on 13/6/80 in which there is a transfusion record of her receiving two units of A-positive blood.

11. At paragraph 25 of her statement, W7572 states that her late mother "*had her issues with the RFH and the gynaecologist who nearly killed her".* In the microfilm record there are no recorded issues post hysterectomy during her ward recovery which was uneventful and she was discharged on day 6 after the operation. She was followed up on 11.8.80 where "Prof Craft" reports she is feeling very depressed and commences HRT. She attends follow up on 1/6/81 (seen by Dr King, SHO for Professor Craft) and again on 15/6/81 to review blood test results. At both

consultations she reports low mood, anxiety and depression since the hysterectomy. A consultation on 27.7.81 was not attended. She represented as a new referral to gynaecology on 14/6/86 reporting improvement on HRT and GRO-B GRO-B which had by that point stopped.

12. At paragraph 27 of her statement, W7572 states the following –

"In terms of discriminatory behaviour, in relation to mum's Hep C, I am of the view that there are two examples of this 1) the insertion of ETOH as being the reason for mum's liver problems when this was entirely untrue. This gives a totally different perspective as to why someone is ill. When challenged by me, a new set of medical records were produced and 2) as mum almost hung on until her 90th birthday I felt that she suffered age related (and possibly Hep C related) discrimination in that because she had by far outlived her prognosis (2000/2001/2002: 2-3 years) and made it into her late 80s, the RFH didn't see the point in continuing with any active treatment for her."

13. As stated above, I have identified no records which documented alcohol as a contributor to W7572's late mother's liver problems. Instead, the contributor listed is that of hepatitis C. I have also not located any documentation of a prognosis of life expectancy of 2 – 3 years in the records.

14. W7572 states her medical team did not "*see the point in continuing with any active treatment for her*" as a result of age-related discrimination. Records show that the team continued to offer W7572's late mother's hepatitis C treatment but this was declined. Clinic notes document that she consistently declined Interferon-based treatment from the first offer in 2003 onwards. She consistently declined treatment (and endoscopic investigation for prevention of variceal bleeding) under the care of Dr Jude Oben until 2014. Likewise, under the care of Dr Penny Smith (from 2014 onwards) W7572's later mother was offered (but consistently declined) directly-acting antiviral (DAA) therapy from 2015 onwards. DAA therapy has a very low side-effect profile and high success rates of achieving a cure. Records show that W7572's late mother did reconsider this treatment option in 2017 and was immediately approved by the Multi-Disciplinary Team, but she subsequently declined DAA treatment despite multiple discussions with Dr Smith and the nurse specialist team.

15. Following W7572's late mother's diagnosis of inoperable liver cancer in July 2019, it was thought that hepatitis C treatment would not extend her life expectancy but this could still be offered if palliative oncology treatments were limited by worsening liver function and if hepatitis C treatment might extend the window in which these treatments could be given. She underwent embolisation for liver cancer in September 2019 and March 2020 but progressed through these treatments. She found the side-effects of Sorafenib difficult to tolerate (given between July 2020 and November 2020) and declined second line therapy (Lenvatinib) due to her concerns about potential side effects. Subsequently her performance status deteriorated by January 2022 to the degree that second line therapy would not be a safe option. She was subsequently managed by the palliative care team.

Statement of Truth

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

Signed GRO-C

Dated 29/9/23