

Witness Name: Marie Murray

Statement No.: WITN7736001

Exhibits: WITN7736002 - 008

Dated: 05/12/2023

## **INFECTED BLOOD INQUIRY**

---

### **WRITTEN STATEMENT OF MARIE MURRAY**

---

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 14<sup>TH</sup> November 2023.

I, Marie Murray, will say as follows: -

#### **Section 1: Introduction**

**Introductory paragraph to include your date of birth, address, occupation and employment history.**

1. My name is Marie Murray. My date of birth is GRO-C 1964. My address is c/o NHS Dumfries and Galloway, Cargenbridge, Dumfries DG28RX.
2. My professional qualifications are Registered Mental Nurse, Registered General Nurse, English National Board Certificate 237 (Royal Marsden Hospital London), Non-Medical Prescriber and Post Graduate Diploma (Advanced Health Studies).
3. I am the chair of the Dumfries Branch of the Royal College of Nursing.

#### **Section 2: Responses to criticism by Witness W2264**

4. The criticisms I have been asked to address are:

#### **Paragraph 13**

Going through all of this, [GRO-B] didn't trust the medical profession. He did develop trust in one specialist nurse, however even that turned out to be a big mistake in the end as this was the medical professional who missed the cancer diagnosis that ultimately killed him. [GRO-B] was routinely monitored every 3 months. He attended Dumfries Royal Infirmary in December 2019 for his routine blood tests and to see Dr Jones and the specialist nurse Marie Murray. They decided during this appointment that they wouldn't see [GRO-B] again until May 2020 and give him a bit longer this time. We thought this was good news, so we booked a holiday to [GRO - B] in February 2020.

#### **Paragraph 14**

Just before we were due to go, an unexpected appointment came through the post. The appointment had been made for the day we were going to fly back home, so I called the hospital. I said that we had received this appointment out of the blue and asked if they wanted to see him before we went on holiday or was it something that was not urgent and could wait. They just said that they would send us out another appointment. Sure enough a letter came out for the 2nd March. We started to wonder, why they wanted to see us again after telling us they didn't need to see us until May.

#### **Paragraph 15**

We attended Dumfries on the 2nd March and our first question was why did you want to see us now after telling us we didn't need to return until May? Marie said that [GRO-B]'s tumour markers were raised. I clarified with her, that this information had come from the blood work done in December 2019 and she said yes. I raised with her straight away, why are we only back in now? When I had phoned the hospital after receiving the first appointment I had asked them very clearly did [GRO-B] need to be seen urgently. It was agreed that the bloods would be redone that day and if the markers were still raised he would then receive a scan.

5. Thank you for giving me the opportunity to respond to the Infected Blood Inquiry once more. This is in response to significant professional criticism made by witness reference number W2264 in relation to her late husband's treatment while under my team's care at Dumfries & Galloway Royal Infirmary between December 2019 and March 2020.
6. I regard this as a very serious criticism of my clinical practice. I disagree with what the witness has publicly stated. The evidence of the witness is not factually correct. This witness statement is at best erroneous, inaccurate, at worse false accusation. I am able to substantiate this with documented evidence from the clinical notes of the deceased. I am appalled by these unfounded allegations which are compounded by the public nature of this inquiry.
7. I must reiterate that I feel uncomfortable and distressed to be discussing my patient, now deceased, whom I had the privilege of nursing since April 2013, without his knowledge.
8. I would like to make reference to the previous statement I assisted NHS Dumfries & Galloway Health with (WITN7716001), which provided a time line of factual events that were taken from the printed clinical notes that I was provided with. They were clear and accurate records. They also oppose the statement made by the witness.
9. I would like to state that COVID-19 had a massive impact on people's lives, both in health care provision and disruption to daily life. We, the NHS went into national lockdown in March 2020. In order to save lives and livelihoods the Scottish Government mandated national lockdown.
10. I was redeployed; all our out-patient clinics and non- urgent planned care was completely suspended as per government mandate. This included our 6 monthly surveillance programme for Hepato-Cellular Cancer (HCC). This was normally an ultrasound scan of the liver, an alpha feta protein (AFP- a blood

test for part of surveillance of HCC) along with a 6 monthly clinic review (face to face). This was a significant challenging time for patients and the NHS.

11. I was worried about all our patients with “long term” health conditions who had to now follow Scottish Government guidance to isolate; with no usual, regular access to myself or our team for support.

12. All our patients with long term health conditions had my clinical contact number. (e.g. I had to prescribe and organise dispensing of medication for patients living with HIV infection and Hep B infection; to prevent them from running out of medication).

13. 1. GRO-B *didn't trust the medical profession*”

14. My patient did trust me.

15. Example 1

I first met him in clinic with his previous partner in 2013. One of the first things he asked of me was help to show that he had been given a blood transfusion and that this was the cause of his Hepatitis C Infection. Straight away he was confident and trusted in me to explore this on his behalf.

16. He was referred from the gastroenterology team to our team. His clinic review letter was copied to him on 25/03/2013. It made clear that he had advanced liver disease with oesophageal varices. It also mentions worrying AFP result of 44. An MRI of the liver was performed to exclude “sinister lesions on the liver”. The letter mentions that he contracted his hepatitis c from a blood transfusion given for orthopaedic surgery. No action was taken to provide evidence of this until he met our team.

17. Copies of all the letters I wrote to our health board, Ayrshire and Arran Health Board, the Scottish National Blood Transfusion Services (WITN7736002) are available in the patient's notes. No one could provide evidence of blood

transfusion records from any of these clinical services because the records had been destroyed (WITN7736003 and WITN7736004).

18. The witness states;

“ ...incredible that for years and years we were looking for records about his transfusion and they miraculously turned up one week before he passed away...”

19. This is factually wrong; my patient was fully aware of the lengths I went to in pursuit of said documentation. I did not give up when I was told transfusion records had been destroyed. With his permission I gained access to clinical notes from another health board where it was written that he had received blood following serious injuries, from a road traffic collision. He would not have given permission for me to access personal and confidential information if there was no trust.

20. My patient was then able to successfully make a claim for an “ex gratia” payment from the “Skipton Fund” with this information.

21. I encouraged my patient to engage with the “Infected Blood Inquiry” in Scotland for support. His witness statement demonstrates his trust in me and the care that he received over the years.

22. Example 2

During many consultations and many conversations my patient disclosed and talked about a whole host of deeply personal problems and lifestyle. It goes without saying that his right to confidentiality continues after his death.

23. Drinking excess alcohol was well documented in his notes and was a major concern for him; throughout the whole of his patient journey. He talked about losing contact with his first partner and children. He confessed how embarrassed he felt about his behaviour that resulted in admission to hospital, intoxicated. He eventually accepted a referral to the specialist drug and alcohol

team, with my support. This was a man who knew he could confide in me and express his feelings without judgement and in confidence.

#### 24. Example 3

My patient was never part of any clinical trial. He received the best treatment available during his Hep C treatment care pathway. During his second regimen of a newly licensed antiviral he became lost to follow up. After extensive attempts to contact him, I eventually caught up with him in Southern Ireland. This was in an attempt to re-engage with our services and cure him of Hep C.

25. I know that this is over and above the efforts that other clinical services would make in an attempt to contact a patient. This is a service not routinely provided by other clinical teams treating Hepatitis C.

26. Instead of just regarding him as a “did not attend”, I telephoned him and texted him so as not simply accept he was “lost to follow-up”. When he eventually telephoned me, he confessed that he had to temporarily leave the UK to work, because he had lost his UK driving licence.

27. I did not discharge him from services because he agreed to make contact with our treatment clinic on his return to Scotland. He eventually telephoned me to say he was back. This demonstrates his confidence and trust in me and in our care.

#### 28. Example 4

My patient asked me in 2019 to help him complete his “PIP” application form which resulted in his benefits being restarted. He was confident that I would help and support him. He was comfortable disclosing personal and confidential information to me to enable the successful application and re instatement of welfare benefits,

#### 29. Example 5



My patient asked me to help him and the witness get a special marriage license. I have never done anything like that in my career. I felt honoured and wrote a letter to support an application to the Registrar General's office. This was granted and they were able to marry at home in their garden. It was a very sad time for me, but a joyous occasion for my patient.

30. His care at this time was being managed by the oncology nurse and doctor, a palliative care doctor and also a Macmillan nurse. But again it was me he trusted to organise and complete a document so he could get married. He had confidence and trusted in me to do this. I felt honoured that I was asked to do this.

31. Through his trust and confidence in me, he could unburden himself. He felt safe to disclose his feelings to me during conversations. He relied upon me in my role to support and to motivate him to make positive changes. He understood that I was non-judgemental. He would not be judged and we could be open, honest and transparent in our therapeutic relationship.

32.2 *"...medical professional who missed the cancer diagnosis that ultimately killed him..."* .

33. My patient was aware from when I first met him in 2019 that his care and treatment was discussed and planned through a multidisciplinary team approach. So his clinical management, future care and treatment pathway were discussed and included him. This included conversations and discussions with the Edinburgh Hepatitis C team, the local and national Hepatobiliary team, the Edinburgh Oncology team and the Scottish National Liver transplant Unit team. This is documented in his notes and can be evidenced if required. At no time did I ever make a decision on my own or make a diagnosis of cancer. Nurses do not under any circumstances make cancer diagnosis.

34. Cancer diagnosis was made on pathology by the consultant pathologist following an urgent referral for a biopsy which was made by me as a

consequence of my patient's emergency admission to hospital with new symptoms.

35. My patient was diagnosed with a Cholangiocarcinoma which was confirmed by the Edinburgh oncology team. This is a cancer of the bile ducts and not an HCC cancer (my patient was up to date with his HCC surveillance and we knew he did not have an HCC at this time). There is no tumour marker that can help detect cholangiocarcinoma.

36. The witness and my patient had an "Attend anywhere" video clinic appointment with the consultant oncologist on 29/04/2020. During this first meeting with the oncologist, they record that the patient understood that he has a primary intrahepatic cholangiocarcinoma. The ongoing treatment plan is outlined in his clinic letter (WITN7736005) which was sent to him by post. At no time, was a concern raised by the witness or the patient about "missed cancer diagnosis" that is now raised.

37. I find it incredulous and spurious that the witness states that I missed a cancer diagnosis.

38. 3 *"...was routinely monitored every 3 months..."*

4 *"....in December 2019 for his routine blood tests and to see Dr Jones and the specialist nurse Marie Murray"*

5 *".... they decided during this appointment that they wouldn't see Him again until May 2020..."*

39. These 3 excerpts from the witness statement are factually wrong. At this stage my patient was being seen every 6 months by one of our clinical team. This was prior to Covid-19 pandemic. He was up to date with his surveillance for Hepato-Cellular Carcinoma.

40. He was seen in clinic in November 2019 by a consultant cardiologist to explore and investigate "breathlessness"



41. He was seen in the clinic on 5/12/2019 by the Liver transplant team in Edinburgh (WITN7736006). He was described as "stable". He was not seen by Dr Jones or myself during December.
42. He was seen in the clinic on 9/01/2020 by our speciality doctor. I did not see the patient in the clinic that day. I note from his clinic letter (WITN7736007) that our speciality doctor adjusted his clinic follow up to match in with his next review at Edinburgh liver clinic. There may have been a discussion about going on holiday to [GRO - B], but I was not in the clinic that day.
43. I was asked to repeat a blood test (AFP) by our clinical team because there was a slight rise in AFP in February. As stated earlier this is part of surveillance for hepatoma. When we first met the patient, his AFP was 74. The point is that this is not diagnostic on its own in hepatoma surveillance.
44. Despite being seen by several doctors and specialty doctors who saw my patient between November 2019 and April 2020, none of them were concerned about any change in his condition that related to a new cancer diagnosis of cholangiocarcinoma.
45. When the patient did have new symptoms the witness contacted me to help them. (Another testimony to the trust shared between us). As previously stated I arranged admission to hospital whilst I was working on the wards in the Covid-19 surge..
46. I have always taken my nursing role very seriously. As a health professional I am recognised for putting the interests of my patients first and foremost. I am known for being respectful, but also for challenging any discriminatory attitudes or behaviours towards my patient.
47. I know that I made the care and safety of this patient my main concern. I made sure that his dignity was preserved and that his needs were recognised and

responded to. This has been said by other witnesses I looked after, to this Inquiry. I am open, truthful, respectful and compassionate with all my patients about their care and treatment. If any mistake or harm had taken place with my patient, I would have acted immediately and with integrity.

48. These cruel and unfounded allegations and this Inquiry process has been traumatising for me, causing me to experience severe emotional shock, distress and anxiety.

49. I have been “cut off” from the handling complaints procedure within the NHS. I feel very isolated. At no time have I been able to discuss my feelings with my clinical team, my line manager, my professional body nor my GP. I have not been able to access any available support services, apart from the appointed legal team. That is until last week when I was informed I could discuss things.

50. I would like an opportunity to meet with the witness. I would hope to explore why she has made these serious, unfounded allegations of me in a public place. The Health Board has received no complaints from the witness and I would welcome an opportunity to speak with her. I would like to understand her motivation in making these unfounded allegations.

51. The witness has had conversations with me on 2 occasions in our out-patient department. We had a friendly chat. I asked how she was doing and how the grandchildren were getting on. She did not mention anything to me on these occasions about the criticism she now raises.

52. Ultimately I would like the witness to realise that her allegations of me are unfounded. My patient unequivocally trusted me from the day I first met him to the end of His life.

53. It was me that the witness contacted in April 2020 when the patient was experiencing new symptoms which resulted in admission to hospital during the pandemic.

54. It was me who the witness contacted in July 2020 to arrange admission to hospital when his condition deteriorated at home. This was after a telephone conversation with the Macmillan nurse (WITN7736008).

55. The witness and the patient knew they could trust and rely on me. The patient indicated this in his own witness statement to the Inquiry.

### **Section 3: Other Issues**

**If you hold evidence you consider may be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please insert here.**

56. None.

### **Statement of Truth**

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

Signed

GRO-C

Dated 05/12/2023

### **Table of exhibits:**

Date	Notes/ Description	Exhibit number
16/04/2015	Letter to Medical Director of SNBTS	WITN7736002
21/07/2015	Letter from Medical Director of AAHB Health Board	WITN7736003

12/05/2015	Letter from Medical Director of SNBTS	WITN7736004
30/04/2020	Letter from oncology clinic discussing diagnosis & plan of care	WITN7736005
10/12/2019	Clinic Letter December 2019	WITN7736006
15/01/2020	Clinic letter DGRI Jan 2020	WITN7736007
10/07/2020	Record of telephone consultation with Macmillan nurse	WITN7736008