

Witness Name: WILLIAM WRIGHT

Statement No.: WITN2287002

Exhibits: WITN2287003-006

Dated: 10 June 2019

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF WILLIAM WRIGHT

I provide this further statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 October 2018.

I, William Wright, will say as follows: -

Section 1. Introduction

1. My name is William Wright. My date of birth and address are known to the Inquiry. I have provided a written statement to the inquiry, dated 11 April 2019. I am providing this further

brief written statement in order to add some matters to my previous statement which relate to the questions asked in the request under Rule 9 of the Inquiry Rules 2006.

Section 2. How infected

2. As regards the circumstances in which I came to be treated as I did in May 1986, I would like to add some more detail about the investigations which were done on me in 1974, as a sixteen year old (referred to in paragraph 6 of my first statement). These had been done as a result of me having had some adverse bleeding episodes as a young child. I feel that these investigations effectively gave me a clean bill of health as far as a bleeding disorder was concerned. I exhibit some entries from my medical records from 1974 as **WITN2287003**. Despite the fact that the results appear to show that my bleeding was far from normal (as my history had also shown), I was not given any lifestyle advice about taking care to avoid bleeds. I was simply classed as anyone else would be and so doctors in subsequent years appear not to have considered a bleeding disorder as a possible reason for any problems I was having. I did have some other bleeds after this, which did not resolve normally and I received treatment. I had a bleed when I fell climbing when I was at university. I was treated in Belford Hospital, Fort William. I also received treatment when I broke my finger in my 20s. I consider that these episodes were further missed opportunities to classify me as someone with a mild bleeding disorder, or at least not entirely normal in that regard. Had I been so classified, I think that I would have had a better chance of not being treated as I was in 1986 and hence not being infected.

3. Under reference to paragraph 7 of my first statement, the GP noted after I saw him on 9 May 1986 that I may have had haemophilia. My medical records do not contain any referral

letter to the accident and emergency department at the hospital. I feel that miscommunication is a significant issue in my case. This appears to be an example. I feel that if a clearer indication had been given of the suspicion that I had haemophilia based on the history of bleeding that I might have been able to have been treated at the hospital differently and avoided the treatment I received later on 14 May 1986. I continue to be of the view that communication within the NHS and with patients is an ongoing issue, in particular in connection with the need for clear, written and agreed care plans.

4. Under reference to paragraph 7 of my first statement, I would like to add that I would have expected there to have been a gatekeeping system in place in the Infirmary in May 1986 to make sure that previously untreated patients like me did not just receive factor VIII concentrate as I did but that my case be considered carefully given the risks of infection. I have never seen any written protocol or similar document evidencing the existence of such a system at that time and so assume that no such system existed.

Section 3. Other Infections

5. There appears to be a question as to whether I was infected with hepatitis B in my medical records (see below).

Section 4. Consent

6. In my first written statement I provided information about the results of testing done on me after I moved to Manchester in 1987 being sent to Professor Ludlam in Edinburgh – see paragraph 19. On further review of my medical records, I have discovered further detail of

investigations which were being carried out under the direction of Professor Ludlam, after I had left Edinburgh and without my knowledge. In particular, I note that Professor Ludlam had requested to be kept informed of my ALT results by letter of 7 December 1987. I exhibit a letter in my medical records of that date as **WITN2287004**. There was also a follow up involving Dr Ludlam and the possibility that I had hepatitis B in 1988, the year after I had left to go to Manchester. I exhibit the exchange of letters in 1988 as **WITN2287005**. I was unaware that any of this information was being shared with Dr Ludlam or why.

Section 5. Impact

7. I would like to add something to section 5 of my first statement about the impact of infection, in particular about the treatment which I have received for my Hepatitis C infection. I underwent four separate treatments for Hepatitis C between 1993 and 2007. The details of these treatments are set out in a letter dated 4 May 2010 from Dr Rosemary Dennis to Dr Schmid. I exhibit the letter dated 4 May 2010 as **WITN2287006**. None of these treatments was successful in eradicating the virus. On each occasion the effect of the virus was to multiply the hangover effect which I have described as being the effect of having Hepatitis C in the first place.

8. In 2001, I was told during the course of the treatment that I was PCR negative and I thought I had beaten the virus, only to be told that this was not the case and that the treatment had again been unsuccessful. This was devastating and afterwards I lost my way in life for a period between 2001 and 2005.

9. In 2007, I underwent my fourth and final unsuccessful treatment. After that treatment, I was left with no treatment options and the grim prospect that I had nowhere to go. My outlook in terms of lifespan was bleak, having been informed in 1988 that I might only have 10 years to live. In addition, I found that I had a lingering chronic fatigue. This was a desperate time. There was the disappointment that the treatment had not worked for a fourth time. Now, I was suffering from chronic fatigue and had to leave my job. That debilitation forced me to give up climbing the mountains, hills and cliffs that were my avowed passion. Three years later, as the doctors in Edinburgh had no idea what was causing this, in around May 2010 they secured a referral to Newcastle, as set out in the letter which I have referred to above as **WITN2287006**. I underwent tests for various other conditions there.

10. I took the most recent treatment in 2015. By October 2014 I had developed an enlarged 3cm lymph node on my liver. Both my platelets and neutrophils had gone below normal range. It was, as we understood it, pointing toward the significant possibility of cancer and by early 2015, we were not planning ahead beyond three months in terms of holidays or attending any significant event. Our thinking about treatment at that time was heavily influenced by talking to Dr Julia Anderson in January of 2015, who persuaded us to consider further treatment. Initially, based on my previous treatment experiences, I refused to take unlicensed treatment and was adamant I would not take Interferon again as it had such an effect on me previously. Professor Hayes said that we needed to do something as my time was running out. There was a budget issue as the treatment I wanted to take was the more expensive treatment. Thankfully, funding for that treatment was ultimately secured.

Section 7. Financial Assistance

11. I would add that I have had considerable involvement in recent years in the setting up of the Scottish Infected Blood Support Scheme as chair of a supportive charity for people in Scotland with bleeding disorders. I would be happy to engage with the Inquiry about that at an appropriate time.

Section 8. Other Issues

12. I would like to add that one of the consequences of being infected was that I was interviewed in around 2003 at home by the police, namely Superintendent Steven Heath in connection with an ongoing police investigation into the blood contamination scandal in Scotland. I was asked about the circumstances of my infection. I never heard anything more about it. In recent years, Haemophilia Scotland issued a Freedom of Information request in relation to this investigation but never received the report that was requested. I would urge this Inquiry to look into what that investigation was able to uncover about how people like me came to be infected in Edinburgh.

13. Another aspect of the consequences of infection which I would like to mention is the Penrose Inquiry. This was the sixth inquiry into what happened. For many years I was actively engaged in participating in the Inquiry, devoting thousands of hours toward a successful outcome. I had genuine hope that it would bring justice to the infected, like me. It did not. I had given up my time for free and was a willing participant in the hope that that inquiry would find the answers to my questions. It did not. Expectations had been raised

but were cruelly dashed yet again, with only one recommendation. I am therefore very anxious that devoting time in support of this Inquiry results in a more positive outcome.

Statement of Truth

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

Signed GRO-C

Dated 14/06/19

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