

REVEREND DAVID BLACK

(1) Where and when the death occurred

Reverend Black was born on 1 May 1937 and died on 31 October 2003 at Strathcarron Hospice, Denny.

(2) The cause of death

The cause of Reverend Black's death, accurately recorded on the death certificate, was:

- "I (a) Hepatocellular Carcinoma in Transplanted Liver
(b) Hepatitis C
(c) Transfusion of Blood Products
(d) Haemophilia"

(3) Reasonable precautions, if any, whereby the death might have been avoided

There are no reasonable precautions whereby the death might have been avoided

(4) Facts relevant to the circumstances of the death.

Reverend Black suffered from Haemophilia A. He was first treated with blood products in October 1965 during a dental extraction. Thereafter he received blood products on several occasions during the 1960's and 1970's, as well as during the 1980's and 1990's. His first recorded abnormal liver function test occurred in December 1979. His liver function tests appear to have been normal in 1984 but were abnormal again in 1985. In 1987 his liver and spleen were palpable and there was evidence of chronic liver disease. In 1987 he also developed oesophageal varices, which are caused by a build up of pressure in the portal venous system due to liver damage, and these were treated during the period 1988 to 1991.

Reverend Black tested positive for the Hepatitis C antibody in October 1991. However

there is earlier mention, in a letter dated 16/12/85 from the Glasgow Royal Infirmary to his GP, that the most likely cause of his elevated serum ALT levels in 1983 and 1984 was chronic hepatitis, particularly non A non B hepatitis.

Reverend Black underwent a liver transplant in 1996. A histological examination carried out on the explanted liver showed that it had extensive primary liver cancer, and a microscopic report identified at least eight nodules of hepatocellular carcinoma. Reverend Black was never informed about the existence of hepatocellular carcinoma in his explanted liver. Furthermore, the absence of any reference to it in the handwritten inpatient notes during his hospital stay or in the letters relating to his clinical visits, suggests that the finding was also overlooked by his medical team.

It is not clear whether the hepatocellular carcinoma that developed in Reverend Black's transplanted liver was a recurrence of the previous carcinoma or the development of a new tumour. In a report dated 1 March 2011 Dr Macgilchrist expressed the view that because of the long interval of seven years between the time of transplant and the development of the tumour, it was more likely to have been a new tumour. Dr Mutimer's view was that cancer which recurs after transplantation usually does so within two years and hardly does so beyond five years, but he said that the fact that there was a period of seven years in Reverend Black's case does not help us to know whether it was a new or a recurrent cancer. He was of the opinion that knowledge of the cancer in the explanted liver would not have made a difference to Reverend Black's management following transplantation and that alternative management strategies would not have changed the eventual outcome. In this regard he stated that nothing could have been done to prevent recurrence of the tumour, but that prevention of the progression to cirrhosis would probably have prevented a new tumour from developing, but that even if this was a new tumour then the only way in which things could have been different would be if Reverend Black he had had successful antiviral therapy after transplantation to eradicate the virus. At the time of transplantation the only antiviral therapy available was Interferon and Dr Colvin's evidence was that treatment with Interferon alone was largely ineffective in the early 1990's. Dr Mutimer also testified that treatment is associated with side effects and that the chances of success are fairly low.

Following the liver transplant Reverend Black's liver function tests never returned to normal and a biopsy performed in December 1998 showed recurrent Hepatitis C in the transplanted liver.

The possibility of Interferon treatment was discussed with Reverend Black both prior to and after his liver transplant, but he chose not to undergo it. In April 2001 he was informed that treatment for Hepatitis C had improved with the introduction of combination Interferon/Ribavirin treatment. In December 2002 he commenced combined Interferon/Ribavirin treatment, but this had to be stopped when he experienced severe anaemia.

Reverend Black's condition continued to deteriorate and a biopsy carried out in May 2003 confirmed that hepatocellular carcinoma had developed in the transplanted liver.

(5) Defects in any system relevant to the death and/or systemic issues arising in relation to the death

There was a lack of communication in relation to the existence of hepatocellular cancer in Rev. Black's explanted liver in that this information was never conveyed to him and apparently not conveyed to those responsible for his treatment. If Rev. Black or his medical team had been aware of this then the decision not to undergo treatment with Interferon might have been different. Even if the chances of successfully treating Hepatitis C with Interferon were low, there was still a possibility that the virus could have been treated and a better outcome achieved.

(6) Systemic Issues examined by the Inquiry relevant to the death

Rev. Black was probably infected at an early stage and may well have been infected before the commencement of the reference period. It is not clear whether he was advised about the risk of

Non A Non B Hepatitis from blood products. On the evidence it is unclear as to what precise information was given to him when a diagnosis of Non A Non B Hepatitis was made in 1987. His widow has stated that "there was no sense of this being serious". In 1993 when the diagnosis of Hepatitis C was made his widow states that "By this time the medical profession were aware how Hepatitis C could be communicated and he advised us regarding 'safe sex'. Even at this time I was not offered testing nor were the dangers of Hepatitis C explained." It is also interesting to note that Rev. Black was treated with Cryoprecipitate as late as 1987.