Thursday, 5 May 2011

(9.30 am)

(Proceedings delayed)

(10.15 am)

MS DUNLOP: Good morning, sir. Our plans for today were to have Professor Hann and then Dr Pettigrew, but as you know there is a technical glitch with the videolink to Cork and people are working as we speak to try to identify what the problem is and fix it, but very fortunately Dr Pettigrew was here, so we are able to swap round the witnesses for today and to begin with Dr Pettigrew instead.

The other point to mention is that, as I think we have said on the website, Professor Hann and Dr Pettigrew also have a contribution to make in relation to topic B5, which is, put shortly, information to patients, and we do intend to ask them questions about that today, and for that part the questions are going to be asked by Mr Gardiner because he is dealing with that.

DR ANNA PETTIGREW (sworn)

Questions by MS DUNLOP

THE CHAIRMAN: I hope you don't feel disadvantaged by being taken out of turn. It does mean that you don't get the chance to sit and see how the Inquiry operates but

I think we try to be reasonably kind. So I hope everything will be fine.

A. Thank you, sir, but I managed to come on Tuesday.

THE CHAIRMAN: You managed to see something.

A. Yes, thank you.

THE CHAIRMAN: See how you get on but if you feel uncomfortable, like any witness, just let us know and we will try and deal with it.

MS DUNLOP: Thank you.

Dr Pettigrew, we always begin by looking at a witness' curriculum vitae. So if we have yours up on the screen, it is WIT0030270.

A. This won't take very long.

Q. You have given us on the first page the details of your education and we can see that, as well as a medical degree, you have a biochemistry degree. That looks to have been more than what Professor Ludlam described, about taking a year in the middle of a medical degree to do an honours science degree. Did you actually do a science degree first?

A. I did what they call an intercollated degree, but because in biochemistry you have to do two years intercollation. It is slightly different from what they do now. So it was a proper science degree but it was an intercollated BSc.

Q. Can we turn to the next page, please, where you list the positions you have held. I suppose really we should go on to the very next page because that begins in the early 1970s. It tells us about some of your activities while you were studying and then your pre-registration house officer posts, and then if we go back on to page 2, please, you had a post-reg house officer post in Professor Hutchinson's unit. And I suppose for any non-Glaswegians, "Hutch", as he was known, was a big figure in paediatrics in Glasgow, was he not?

A. Absolutely, yes.

Q. And you worked with him doing a range of different paediatric --

A. It was the equivalent of a pre-registration house officer post but Professor Hutchinson only took post registration doctors to be house officers in his unit. So it was, you know, general paediatrics, receiving ward work, taking bloods, et cetera.

Q. We can see that you then had a spell at Glasgow Royal Infirmary and then you were at the Beatson and then you started at Yorkhill in May 1980, and you say you did six sessions. Roughly speaking, is that six half days?

A. Yes, I did five mornings. I usually finished about two, depending on how much work there was, and then on

a Thursday afternoon I stayed on to take part in the haematology clinic.

Q. And was that a general haematology clinic?

A. It was a general haematology clinic, where we saw patients with leukaemia, other patients with blood disorders and obviously, as the success rate in treating leukaemia was increasing, there was increasing numbers of children being reviewed at the clinic, and then much later, I think after Dr Hann arrived, there was a haemophilia clinic introduced as well, which I think was a Friday afternoon.

Q. That didn't start until Dr Hann arrived?

A. I think it was after Dr Hann arrived that there was a haemophilia clinic.

Q. So before Dr Hann arrived, children with haemophilia would be seen at the haematology clinic.

A. No, children with haemophilia weren't seen at the haematology clinic. Before Dr Hann arrived there wasn't really any regular review of the children with haemophilia.

Q. Right. So was it on a sort of as and when basis?

A. Yes, well, a number of severely affected haemophiliacs were on home treatment and they would come, if necessary, usually to the day bed area or sometimes to casualty and then to the day bed area, and the ones who

weren't on home treatment with turn up as and when, but quite often they would try and come directly to the day bed area because, you know, with time that was where we saw the haemophiliacs.

Q. I think we will come back to that when we look at a little more of the history of the centre at Yorkhill. Just to continue looking at your CV, you were there for almost nine years and then it looks as though you began your training for general practice. Is that right?

A. That's right.

Q. Because these jobs, the geriatric medicine and the obs and gynae, these are necessary preliminaries for general practice; is that correct?

A. Yes.

Q. Then you were a GP trainee and you have been in general practice, you tell us, since February 1991 in Springburn in the north of the city, and you have also done a bit of cardiology at Stobhill and some teaching at Glasgow University?

A. Yes, that's correct.

Q. And on the final page, if we can go to page 4, you tell us about some articles and other work in which you were involved. Some of them particularly in relation to genetic aspects of haemophilia.

A. That's right, yes.

Q. Also you contributed to an article we have already looked at about DDAVP.

Right, having done that, there are two documents we need to have in front of us, which relate to your evidence. The first is a set of questions that were sent to you by the Inquiry and that is [PEN0150271]. The second document, I think we perhaps need to juxtapose contains the answers. It is [PEN0150486].

You have obviously seen these before, Dr Pettigrew?

A. Yes.

Q. The first question we can see on the document on the left, and we were asking you about the treatment regime at Yorkhill for children with haemophilia, and you have explained in your answer that you started working as a part-time clinical assistant in May 1980. We have seen that:

"At that time there were a number of children already established on prophylactic home treatment. I can't remember the exact number of these children but there were approximately six at that time who received regularly, I think twice weekly, Factor VIII concentrate injections as well as additional treatment given by the parent as required for acute bleeding episodes."

Can I ask you, Dr Pettigrew: do you have any recollection of when the centre at Yorkhill really got

going? When did it become a haemophilia centre?
A. I couldn't really answer that. Certainly I wasn't aware of there being a haemophilia centre when I worked in Yorkhill between 1976 and 1977. When I started work in Yorkhill, it wasn't really to work with haemophilia, it was really to work in general haematology, and even then there wasn't an actual haemophilia centre.

As I say, we tended to see the children -- I think they still tended to come to casualty and whoever was on call for haematology would be contacted. Then with time, as I say, we tended to see them in the day bed area, and finally, when haematology sort of day unit moved up to Ward 7, there was a dedicated room for haemophilia then. So that would have been -- I'm not sure, maybe about 1984/1985, when we had a dedicated room for haemophilia, but up until then we were just part of the general paediatric day unit.
Q. So was haemophilia care at Yorkhill -- if we could call it a centre, because the information we have had from UKHCDO seems to describe it as a "centre" from, certainly the latter part of the 1970s -- was it in essence a sort of satellite of Glasgow Royal Infirmary?
A. I don't think you could call it a satellite of Glasgow Royal Infirmary because we didn't really have -- you will be aware I used to work in the haemophilia unit

at Glasgow Royal Infirmary when I worked in the Royal Infirmary but when I worked at Yorkhill, there wasn't a great deal of communications between Yorkhill and the centre at Glasgow Royal Infirmary. I think Dr Willoughby operated more independently.

Q. Was Dr Willoughby mainly involved in looking after patients with leukaemia?

A. I mean, he was a single-handed consultant and I think Dr Hann -- you know, when I read his statement, he made the point that, you know, I think he was probably a bit taken aback when I arrived at Yorkhill to find that he was in charge of not only a laboratory, but haematology patients and patients with solid tumours, oncology patients. So Dr Willoughby was running all these services.

Obviously at that time there was, you know, a lot of developments in the treatment of leukaemia. So a lot of his time, I think, was spent with treating haematology patients, particularly leukaemia patients. But, you know, he still obviously spent time looking after the haemophiliacs as well.

Q. Right. The position that you took up in May 1980, was that a new post or had there been somebody doing that job before?

A. No, that was a new post and in actual fact it was not

an NHS post. It was funded out of departmental funds over the years.

Q. I think you would have to explain that to us a bit more fully, if you would.

A. I think, as often happens, you know -- for instance I know of a similar thing in the Beatson ontology unit in Glasgow -- over the years people donate money to the department to try and help with either, you know, research or clinical work in treating, at that time, children with leukaemia and tumours. And Dr Willoughby decided that, you know, because with the treatment of leukaemia there was more intensive treatment, there was more need for outpatient treatment for the continuation of treatment and outpatient investigations, he needed to expand the staff. So he was looking for somebody to come and work part-time, primarily really to help with the outpatient treatment for leukaemics, and you know, I was asked if I wanted the post. So it was a new post.

Q. So your understanding when you started was that the primary focus was children with leukaemia?

A. Yes.

Q. But there was also responsibility towards children with haemophilia?

A. Because I had worked in haemophilia before, I obviously had an interest in haemophilia and, you know, naturally

you kind of gravitate towards what you are interested in, and I think other people realised that, you know, I had had experience and other members of the haematology staff would perhaps ask me, you know, for advice sometimes, although Dr Willoughby was obviously in charge. But I think it is quite natural if you have had experience of something that you gravitated towards that.

Q. That paragraph, your first answer, you talk about:

"... the introduction of home therapy, initially for two boys with haemophilia, who I had been told by Dr Willoughby and other clinicians at Yorkhill had been regular attendees at casualty up to two to three times a day, and frequently required admission because of bleeding episodes."

Would that be mainly bleeding into the joints?

A. Not necessarily. These were kind of toddlers who were into everything and, you know, even things like -- I think on one occasion they found the father's razor blade and cut themselves. So they were up and down quite a lot. They lived locally but there would be other families that would be living quite far away who would be fairly frequent attenders as well, and it wasn't always easy for them to get to Yorkhill.

Q. We have seen material, particularly from the 1970s,

Dr Pettigrew, in which at the meetings of UKHCDO there were discussions about the sort of life that a child with haemophilia could have or should have. I suppose, noting that that was an issue, the actual practical issue, however, if you are a parent or a small boy, must be that it's very difficult to encourage them to live quietly. Small boys don't live quietly.

A. No, I think it is impossible. You know, a normal toddler is, you know, trying to investigate his world and is developing, both from the mobility point of view as well. Inevitably they are going to have falls, inevitably they are going to get into things that they shouldn't get into, and I think it's extremely difficult for parents. You know, they could either just molly coddle them and not allow the child to do anything or else try and maintain a fairly controlled environment where they allow some expression and some development, some exploration, but under constant supervision.

Q. So did you find, having had experience of looking after adults at Glasgow Royal Infirmary, that there were quite significant differences when you went to look after children with haemophilia?

A. You mean from the point of view of the ones that were on home therapy or ...?

Q. I think perhaps just more generally.

A. In general.
Q. Different issues --
A. There are certainly different issues. You know, I think adults obviously are autonomous and independent, whereas children, it is the parents that are obviously involved in their care. And haemophilia, you see the effects of the haemophilia on the whole family when it's a child involved. You see the effects on the child as well and you know, some of the bleeding episodes that we had, particularly they were very prone to bleeding round the mouth, which is very difficult to control and can be quite serious if they fall and cut their tongue or that sort of thing, and the disruption that it caused to family life.

A lot of these children didn't have very good attendance at school and as I say, Yorkhill covered the whole of West of Scotland. So even for the parents to come to Yorkhill would often be quite difficult for them, because in those days not many would have cars, couldn't always get an ambulance. They would quite often have to come by public transport and the alternative would be to go to a local hospital where they may not get the treatment that was necessary or appropriate.
Q. At the time when you started in 1980, did that still

happen that people sometimes went to their local hospital?

A. Yes, and in fact, I know on Tuesday there was quite a discussion about the severity and the grades of haemophilia, and I remember there was a young boy who lived in Lanarkshire who had what appeared to be a minor head injury. He was classified as a mildly affected haemophiliac. He went to the local district general hospital. It was inadequately treated and he died from intracerebral haemorrhage. These things were happening then and there was still quite a risk from bleeding episodes.

Q. This was in the early 1980s?

A. Yes.

Q. This example that you give about the two boys who had been regular attendees, you say that they were coming to casualty. So was that the normal procedure for a child who was having a bleed, that they would go to casualty at Yorkhill?

A. Yes, and then casualty would contact Dr Willoughby or one of his staff.

Q. You, if you were there?

A. After I came, yes. I could be contacted. I think they would tend probably to phone one of the full-time staff and they would arrange for them to come to the day bed

area and treatment would be sent over for them.
Q. So were you less involved in that kind of acute situation?
A. In that, you know, I would only be involved in acute situations if they occurred in the hours that I was working there, and obviously there would be acute situations outwith hours and I didn't do on-call. So I wouldn't be involved in those situations.
Q. So the acute situations in the evenings and weekends perhaps would be dealt with by whoever was on call for haematology, would they?
A. Yes.
Q. Right. You note that these particular boys had greatly reduced their rate of attendance and admission to hospital after the commencement of home therapy, and you say:
"It was my impression Dr Willoughby had introduced home therapy and prophylactic treatment in an attempt to give not only the children but their families as normal a life as possible."
A. Yes.
Q. So when you arrived in 1980, is it your recollection that there was both home therapy and prophylactic treatment already up and running?
A. Yes, I think that the majority of patients on home

1 therapy were obviously boys who would be classified as
2 severely affected haemophiliacs, who would be prone to
3 spontaneous haemarthrosis, and Dr Willoughby had
4 introduced the prophylactic treatment programme. If you
5 think of two distinct things: home therapy and
6 prophylactic. So from the prophylaxis point of view,
7 the idea was to reduce the frequency of spontaneous
8 haemorrhages and try and ensure that the boys didn't
9 develop, you know, haemophiliac arthropathies or muscle
10 shortening, and in fact I think that was borne out:
11 a lot of the boys did manage to maintain their joint
12 function very well.
13 Q. In drawing the distinction you draw between prophylactic
14 treatment and home therapy, are you meaning by home
15 therapy a response to what seems to be a developing
16 bleed in a child?
17 A. Yes. If patients are on home therapy only, they would
18 then be treated if they developed a bleed.
19 Q. That treatment --
20 A. Sorry, can I just add, Ms Dunlop.
21 Q. Yes.
22 A. And obviously, if patients are on home therapy and they
23 can treat themselves at the onset of a bleed, it means
24 that the bleed is treated promptly. There was less risk
25 of developing, you know -- it would help to reduce the

damage to the joint as well. So you know, getting treatment in early was also very important.

Q. The home treatment that parents were administering, did the child have a catheter, a line in already and the parents just --

A. No.

Q. No?

A. Each time the child was treated, the parents had been trained to introduce intravenous butterfly needle, which is a little needle with a little butterfly wing on it and then a little tube. So they would introduce the needle and then they would attach the tube onto the syringe with the Factor VIII on it, and inject the Factor VIII. I was here when the World in Action programme -- and you saw a young man administering Factor VIII himself, injecting himself.

Q. That was how it was done --

A. That was how it was done, yes.

Q. Moving on through your answer, you say:

"As far as I recall, the children on home treatment received both commercial Factor VIII and also SNBTS Factor VIII, depending on what was available."

Can I ask you firstly, do you have any recollection of using the SNBTS product in the early 1980s? By that I mean what was it like to work with?

A. I used it in the Royal Infirmary and I certainly remember there it was difficult to work with because it took a while to dissolve. You had to kind of encourage dissolving by having it on a kind of roller system that helped it dissolve. You know, it could take about half an hour to dissolve.

Q. What do you mean by a roller system?

A. Well, one of these rollers that go round -- two or three rollers, and they go round and the bottle rotates and that helped dissolve it because it didn't dissolve very quickly.

Q. Was that something you had to do with SNBTS product but not with commercial product?

A. No, the commercial product was much more user-friendly.

Q. Right. What were some of the features of the commercial product that made it more user-friendly?

A. It dissolved more quickly and also it came in a box with everything in it, you know, all the equipment, as it were, the syringes and needles. It was just more convenient, I think, to use for home therapy.

Q. Did parents themselves express views about what they wanted?

A. I think I would have to say that in the main, certainly in those early days, the parents preferred the commercial factor concentrate because it was more

user-friendly.

Q. Right. What about the views of the doctors, of Dr Willoughby and yourself, about what product you should be using? Did you have any particular preference?

A. Well, when I arrived at Yorkhill, obviously I hadn't had the experience of using a lot of commercial factor concentrate in the Royal. We tended to use it for surgical procedures and I asked Dr Willoughby why was he using commercial factor concentrate and he said basically, when he started his home therapy treatment, he couldn't get a guarantee from SNBTS that he would get the supplies that he needed to maintain that home therapy treatment and therefore he used commercial concentrate.

The commercial concentrate we would probably use more in the home therapy patients and in those patients that aren't getting cryoprecipitate, and obviously in children we tended to use the cryoprecipitate for the ones that weren't on home therapy. But if there were situations where they went on home therapy and needed a concentrate, we would probably use SNBTS if it was available.

Q. What do you remember from that time about any sense of risk with either type of product?

A. Well, we were obviously aware of the risk of Hepatitis B but other than that in the early -- well, when I arrived and probably up until 1983, we weren't really aware of any other risks, although it was known that some haemophiliacs did have abnormal liver function tests and there was a possibility that there was another form of hepatitis that hadn't been identified then that could affect haemophiliacs. But the main concern at that time was Hepatitis B.

Q. Right. Both you and Dr Willoughby, if I can ask about both of you, because we can't ask Dr Willoughby, how did you view those risks? I'm trying to understand what sort of perspective you placed on these risks.

A. Well, I think that, you know, from reading transcripts and other statements, that has been discussed before. And it was really the risks of treatment versus the benefits, which is something that we always have to think about in medicine and --

Q. Just to interrupt, Dr Pettigrew. I completely understand that the transcripts are available for everybody and I think everybody reads them, but if you could do the best you can to think back to that time when you were working with Dr Willoughby in the early 1980s, and try to recollect, if possible, what the two of you thought about the relative risks.

A. I don't ever recall having a discussion with Dr Willoughby about the risks of treatment. But the benefits of treatment and home treatment were quite obvious.
Q. So are you saying that you think you personally, at that time, had a sort of awareness of the risks of liver disease?
A. I had an awareness of the rick of Hepatitis B.
Q. Yes. Do you think you had an awareness at the time of the risk of another kind of hepatitis?
A. Well, again from working in the Royal I knew that some haemophiliacs had developed abnormalities of the liver function test, and when I came to Yorkhill I started, from time to time, when we were doing our routine bloods from the haemophiliacs at Yorkhill, to check for the liver function tests as well.
Q. Right.
A. But at that time we didn't know what was causing that and what the outcomes would be.
Q. If there wasn't a regular clinic specifically for children with haemophilia, what was your opportunity to take blood samples and perhaps do liver function tests? Was that just if the children happened to be there?
A. Sometimes the children would come with an intercurrent problem and then you would have the opportunity then.

Q. Right. But there was no --
A. There was no --
Q. -- system of seeing them every six months or every year, or something like that, to do these tests?
A. Not when I initially arrived, no.
Q. And did that develop?
A. That did develop, yes.
Q. Can you remember roughly when that changed?
A. I can't give an exact date but I think it was probably after Dr Hann arrived.
Q. We are about halfway down the first page of your answers and you do mention that cryoprecipitate was impracticable for home treatment use. Can you just explain a little more what the impracticability was?
A. Well, first of all it would have to be stored in a freezer and at that time, even with home therapy with concentrate, there were sometimes delays in, I think, instituting it because some of the families didn't have a fridge. So there was very few families that actually had a freezer. Then there was a difficulty of thawing it, of drawing it up, larger volume, and injecting it. So it was really not practical for home treatment.
Q. Were there any children using cryo for home treatment?
A. Not initially, no.
Q. Did that develop?

A. I think as far as I recall -- and I can't be absolutely definite about this -- but I think when there was concern about the possibility of concentrate transmitting an infectious agent that was related to the development of AIDS, I think one of the parents asked if cryo could be used.

Q. Right.

A. But I can't be absolutely sure about that.

Q. You do say, if we look at the next paragraph in your answers document, that:

"Children who were not on home treatment would receive either cryoprecipitate or Factor VIII concentrate. SNBTS or commercial depending on supplies."

Cryo would usually be given to the younger children and to mildly affected haemophiliacs. What was the thinking behind that?

A. Well, it was certainly given to milder affected haemophiliacs, because obviously they wouldn't need the same doses of Factor VIII as the severely affected haemophiliacs would. The severely affected younger children, I think, were probably initially treated with cryo but as time went on, they may have been treated with Factor VIII concentrate. I think particularly if it was felt that they were going to be put on to home

therapy.

Q. Right. It has been our understanding that even somebody whose haemophilia was described as mild, if they were having a bleed, that might need quite a lot of treatment?

A. It depended on the situation because some of the bleeds would require -- for instance, if you are talking about an intraoral bleed, a bleed in the mouth, you would really have to try and ensure adequate levels of Factor VIII to stop that bleed. But you know, a haemarthrosis as a result of injury in a mildly affected haemophiliac, you wouldn't need to give them as much Factor VIII because they would already have some level of circulating Factor VIII.

Q. Right. The second question we asked you was about children transferring to adult care and you have explained that for us. Then the third question was about this choice between commercial product and NHS product. We mentioned to you this meeting on 30 January 1981, where you attended in place of Dr Willoughby. Perhaps we could just have a look at the minutes of that meeting. That's [SNB0015055].

I appreciate you say you have no recollection of the meeting and we know it was 30 years ago, but we do at least have the minutes. So if we can just look at them

in replacement for the documents for the moment. There you are attending in place of Dr Willoughby, Friday 30 January 1981.

When we look at that section at the bottom of the first page, headed "Commercial purchases of Factor VIII":

"The data provided for 1979 and 1980 showed that a significant and apparently increasing quantity of commercially produced Factor VIII was being used and the reasons for this were discussed. It was stated by haemophilia directors that sometimes only a commercial product was available. There were also occasions when, for clinical reasons, a higher purity product was required."

Slower solubility is referred to and so on.

Dr Pettigrew, the tone that comes across from this is that the purchase of commercial concentrates, particularly increasing amounts of commercial concentrate, was not a welcome development and that some justification of that had to be advanced. Do you remember that being a sort of sentiment or an atmosphere of the time?

A. Even looking at these minutes, I don't recall anything of the meeting and as I say, the only comment about the use of factor concentrates is that I hadn't been

accustomed to using them routinely in the Royal Infirmary and had, as I said, asked Dr Willoughby about his use of them and he gave me the explanation, as I had already mentioned.

Q. So you don't remember feeling, as it were, that this was something you had to explain or justify?

A. Well, I don't think it was my place to explain or justify it because obviously I wasn't director of the haemophilia centre.

Q. There certainly isn't any reference to the fact that there is apparently quite a high usage at Yorkhill. So it doesn't looks as though Yorkhill specifically was being discussed, but if you don't remember the meeting, I suppose you don't really remember.

A. Sorry.

Q. No, right, fine.

Close that document down, please and go back to where we were. You say in answer 4:

"The decision to use commercial Factor VIII was taken by Dr Willoughby."

Do you remember, perhaps not with reference to that meeting but more generally, there being any kind of policy in relation to NHS product that was prevailing in Scotland at the time?

A. I don't really remember any policy, no.

Q. Right. So you don't remember any sense in which there was a sort of collective attempt to achieve self-sufficiency, to manage without importing American product?

A. Well, you know, if you recall, I was a junior doctor and I wasn't really involved in those sort of discussions.

Q. Right. Go over the page with Dr Pettigrew's answers, please. Just looking a little more at the mechanics of obtaining the product, your recollection is:

"The commercial Factor VIII was ordered by the haematology department, usually by the senior chief technician."

Is that the senior chief technician of the Haematology department?

A. Yes, it was a Mr Jewel at the time.

Q. As in diamonds and pearls?

A. Yes.

Q. You think he dealt directly with the pharmaceutical company?

A. I think so. That would be my recollection, but again I couldn't absolutely confirm that.

Q. Right. Where was the material kept?

A. There was a cold room in the haematology department, because obviously they had to keep immunoglobulin and other products as well. So it was kept in a cold room.

Q. When parents needed more for home therapy, what was the procedure?
A. For the supplies, the parents would come to the haematology department and there was a reception there and the receptionist would usually, I think, get one of the staff from the lab who would issue the Factor VIII, and I presume a record would have been kept there of what was issued. The parents also had diaries to keep, where they noted down the date, the amount and the batch numbers.
Q. Right. Do you remember for what period the parents would be given a supply? Was it enough to do them for a certain length of time?
A. I can't remember the exact period but I think it would be probably for maybe about -- I would be guessing but probably about a month, but I would be guessing.
Q. You would be guessing?
THE CHAIRMAN: Could I follow up just a little on storage?
MS DUNLOP: Yes.
THE CHAIRMAN: Where were the stocks of therapeutic products kept?
A. In the cold room, in the haematology lab.
THE CHAIRMAN: So you have indicated that sometimes therapy would depend on what was available.
A. Yes.

THE CHAIRMAN: Was there any external source from which Yorkhill drew product or were all of their product requirements dealt with by maintaining stocks in haematology?

A. I think all the products that were used would be kept in the cold room in haematology. I don't think we would have any products that would have come from elsewhere. You mean would we have phoned the Royal and asked for some?

THE CHAIRMAN: For example.

A. I don't think so, no.

THE CHAIRMAN: Or go directly to the transfusion service and ask for product?

A. Sometimes we had to phone the transfusion service. For instance, if a child with leukaemia had been in contact with chicken pox we had to phone the Blood Transfusion Service and get chicken pox immunoglobulin, and I think if I recall, we might have had to phone to get platelets sent from the Blood Transfusion Service.

THE CHAIRMAN: Yes, if we leave aside the specific immunoglobulins for particular application and just concentrate on Factor VIII and possibly Factor IX, essentially Yorkhill operated a self-contained stock system?

A. Yes.

THE CHAIRMAN: Ordering in, maintaining and drawing on it for use.

A. That was my impression, yes.

THE CHAIRMAN: Yes.

MS DUNLOP: We asked you if you knew why the Armour product seems to have been preferred at Yorkhill and you said you didn't know, that it was already in use when you took up your post.

A. That's correct.

Q. Was there any sort of involvement of Armour with haemophilia care at Yorkhill? Did they fund any particular aspect of the care or, you know, pay for leaflets or booklets or anything like that, that you can remember?

A. I can't remember specific funding of booklets or care but they did fund, as was common practice in a lot of centres, for members of the haemophilia unit to go to scientific meetings, for instance. From time to time.

Q. But you do not know if there were any, for example, preferential arrangements for the supply of the product, any discounting or any reduction in price based on a certain minimum quantity or anything like that?

A. No, I have absolutely no knowledge of anything like that, no.

Q. Do you know how the Armour product was paid for? Do you

know where the money came from?
A. Again, I haven't any knowledge about that at all, I'm sorry.
THE CHAIRMAN: Do you know whether your post was paid for by Armour?
A. No, my post was not paid for by Armour.
MS DUNLOP: Your post was departmentally funded.
A. Yes.
THE CHAIRMAN: But you did say that was on the basis of donations. That was why I was asking the question.
A. I don't think I would have been comfortable working in a post if it was funded by a drug company.
MS DUNLOP: We asked you about parents who were trained to administer the concentrates and you say that a number of parents had already been trained before you started but after you started, you took some part in training.
A. Yes.
Q. Was that the sort of procedures you have described, like using the butterfly needle and so on?
A. Yes, that's right.
Q. Is that because more children were joining the programme all the time?
A. Yes, there weren't, I mean, a huge number but, you know, if there was -- it depended on several factors, not just the frequency of attendance, the disruption to family

life et cetera, but obviously you had to assess whether it was appropriate to train that particular parent to give Factor VIII. But if there was a situation where there was a child attending very frequently, and in particular if they were having difficulty attending, if they were coming from a bit further away or even if they lived locally and were attending frequently, then they would be considered for home therapy if it was felt that it was appropriate and that the parents could be trained.

Q. Did some parents apply a bit of pressure to join the home therapy programme?

A. No.

Q. No.

A. I think, you know, initially a lot of parents would be quite nervous about being trained for home therapy.

Q. Although I suppose it must be the case that for most of the parents they already had experience of haemophilia in the family.

A. No, not necessarily so. Some parents did. I can't remember the statistics, but is it a third that don't have any family history?

Q. Right. Then question 8. You were asked about the early 1980s, particularly 1981 to 1983, and your recollection is that:

"There was greater availability of SNBTS product."

A. Yes, that's correct, and I think also 1983 was when Dr Hann took up his post as well.

Q. Yes, and what was his perspective?

A. When Dr Hann arrived -- I don't know whether, you know, it was because he was the new boy on the block, but he was more in favour of using the SNBTS concentrate and we seemed to get more supplies of SNBTS from 1983.

Q. Did you understand his reasoning? We are optimistic we will manage to ask him this himself but did you understand his reasoning for that?

A. Well, obviously by 1983, this self-sufficiency was thought to have been achieved and also, having had the opportunity to review some of the literature through the preliminary report, it was obvious by 1983 that there were concerns about the possible transmission of an infectious agent, particularly from commercial concentrate.

Q. Was there some bad feelings surrounding Dr Willoughby's departure. Did he leave with a bit of a backdrop of discord?

A. I noticed that comment in Dr Hann's statement but I was trying to recall -- and certainly at the time Dr Willoughby departed, I couldn't think of any particular sort of bad feeling, and in fact we had an

excellent leaving do, which lots of colleagues from all areas in the hospital and all departments attended, because he was very well thought of.

There was an instant, and I can't remember when it was, but it wasn't immediately before departure, it was probably some months before, where there was some disagreement which reached the press between Dr Willoughby and another consultant in the hospital regarding treatment of a child who had a tumour, and I don't think Dr Willoughby was in agreement with this other consultant who hadn't had experience of treating children before.

Q. But you don't remember any particular disputes about haemophilia care?

A. No, no. Definitely not, no.

Q. We asked you if you went to the symposium in Stirling and you said you have no recollection of it.

A. No.

Q. You think you were first aware of the possibility that AIDS was caused by an agent transmitted by blood and blood products in 1983?

A. Yes.

Q. I don't suppose you remember what the trigger for your awareness will have been?

A. I don't. Again, you know, looking through the documents

that we have looked through, it would seem that that would be probably about the time that we became aware.

Q. We noticed from the paperwork that you went to PFC and gave a talk. The film was made in 1983 and it was on the care of haemophilia patients, but you don't still have it?

A. No, in fact I hadn't recalled that there had been a film taken. I do recall the visit because it was just before heat treatment was being introduced and it was the first time we had seen -- the haemophilia sister and I went and we were shown round the department and were told about heat treatment and shown how the product was made. So it was very interesting.

Q. Dr Pettigrew, in question 12 we asked you about a meeting of 29 November 1984. You weren't at that. It was a meeting, which we describe in our preliminary report, to discuss what had happened in Yorkhill and Glasgow Royal Infirmary and Edinburgh Royal Infirmary, and Dr Gibson was at that meeting on behalf of Yorkhill, and she is minuted as having said:

"Five out of ten children treated at Yorkhill with commercial products were positive for the AIDS virus."

We asked you about your recollection of that time. Do you actually remember as an event these results being obtained?

A. Yes, I remember it very well. Dr Hann had received a letter from Dr Follett, who was head of the regional virology laboratory, and Dr Follett listed the names of children whom he had found to be positive for the HTLV-III antibody, as it was called then, in samples that had been sent for detection of Hepatitis B and had been stored by Dr Follett. He tested retrospectively and he sent a letter to Dr Hann with a list of names of those that were positive, and I remember it well because it was one of those awful moments in life to see that confirmed on paper.

Q. As far as your recollection goes, you think that was testing that Dr Follett had done rather than something that Dr Hann had asked for, or do you not know?

A. I don't know who initiated the testing. My recollection was that Dr Follett had initiated testing retrospectively, but I can't confirm that.

Q. So Dr Follett will have had some Yorkhill samples in his lab?

A. Yes.

Q. Right. That was ordinary procedure at the time, was it?

A. Yes, it was a procedure at the time that, you know -- well, we have talked about this -- on a fairly regular basis, but we did check for Hepatitis B on a fairly regular basis, if you put "fairly regular" in inverted

commas.
Q. Yes.
A. Those samples would have gone to Dr Follett at the regional virology laboratory.
Q. Dr Pettigrew, have you seen the spreadsheet that has been produced for Yorkhill?
A. Was that the one of treatment of concentrate use or --
Q. Just to fill in a bit of the background for you. As part of our research in the Inquiry we have been trying to get some sort of sense of numbers of people who were infected in different centres, and data was provided by UKHCDO, which the current haemophilia centre directors then examined, and spreadsheets were prepared for the various centres, listing by code patients that they consider were most likely to have been infected in that centre.
A. No, I haven't seen that.
Q. You haven't seen that?
A. No.
Q. Perhaps you could have it in front of you. It is [PEN0120160].

Dr Pettigrew, the spreadsheets on the screen now, and it's difficult to get the whole thing on in a way that's easy to read, but perhaps if we could go right to the left-hand side, thank you.

It's very difficult, Dr Pettigrew, to work out when any individual is most likely to have been infected. It's more difficult for some people than for others but the information is not there for everybody. The only thing that we have been able to do is to ask about the last negative test, accepting, of course, that that is retrospective testing and the first positive test, which in some cases is retrospective as well.

For the most part it does looks as though the patients who were infected acquired the virus through treatment at Yorkhill, and did so in the early part of the 1980s. Perhaps principally 1982/1982 and maybe into 1983. Does that reflect your understanding or is that something that's news to you?

A. No, my understanding was that those unfortunate patients who were infected were infected around about that time, 1981/1982, perhaps into 1983.

Q. There certainly was mention at the meeting in 1984 of commercial products or imported products having been used at Yorkhill. At the time was there a sense of a connection between the imported product and these infections?

A. I think that was probably generally accepted that there might have been an increased risk from imported products but I don't think, you know. So far as I recall SNBTS

wasn't entirely free of infection either.

Q. Do you remember, in any discussions that took place about what had happened at Yorkhill, any particular focus on how it had happened, which products might have been responsible?

A. I think, certainly when we did get the initial results, we would have to assume it was commercial product because that was what they were using at that time.

Q. You see, on this spreadsheet, there is quite a lot of PFC product referred to as well but there aren't any breakdowns of amounts, but from the information that UKHCDO have provided, it has been possible to work out that at least in 1980, the ratio of commercial product to domestic product is approximately 4 to 1. So about four times as much commercial product was used as domestic product.

A. I think --

Q. Do you think that reflects your recollection?

A. Yes.

Q. Do you know anything about litigation against Armour?

A. No, sorry, I don't.

Q. Mr Gardiner is going to ask you some questions about the details of the communication with parents and with children. So he will be coming back to that. That's really the questions that we have put in that section of

the document on the left. You continued to work at Yorkhill until, I think it was 1989?

A. Yes, January 1989, yes.

Q. And you must have had a lot of involvement in looking after people, children, who had tested positive?

A. Yes, that's correct.

Q. We had noted that in fact you gave a presentation at a paediatric haematology meeting, I think, in 1987. I mean, do you remember doing that?

A. Yes, I remember doing that and preparing my presentation for that, yes.

Q. Did that become a very large part of your workload at Yorkhill?

A. Looking after haemophiliacs or ...?

Q. Looking after children with haemophilia who had tested positive for the antibodies?

A. Well, fortunately at that time the majority of patients who were positive and still attending Yorkhill were relatively well. So therefore our involvement was more in a supportive role with them and their parents; if there was an increased involvement, that would be where it was.

Q. As far as any directly medical advice was concerned, I think you say in your answers that that came from the infectious diseases unit at Ruchill. Is that right?

A. Yes, they were involved in monitoring the children, particularly doing immunological tests but the children continued to be followed up at Yorkhill, and in fact by that time we had the regular haemophilia clinic, and we obviously introduced in our review of the haemophiliacs at the clinic, examination to exclude any evidence of progression of their, if you like, pre-AIDS status into overt symptoms and signs --

Q. Sorry, you maybe answered this at the beginning, but did the establishment of the regular haemophilia clinic coincide with getting the specific room?

A. No, in fact the haemophilia clinic, as with the haematology clinic in those days, was held in the general outpatients department.

Q. So when was the specific haemophilia clinic established?

A. I think it was probably soon after Dr Hann arrived because, you know, I knew that they had established regular clinics at the Royal Infirmary and we thought that we should, as a comprehensive care centre, be doing regular clinics at Yorkhill.

Q. Right. Thank you, Dr Pettigrew.

I think, sir, now would be a natural break and then after we have had a short break, Mr Gardiner can ask Dr Pettigrew one or two questions about information.

THE CHAIRMAN: Early on in Dr Pettigrew's evidence she

referred, I think, to children on home treatment keeping notebooks, and there are one or two questions I might like to ask about that, unless you have got in mind to ask them yourself.

MS DUNLOP: No. I don't have questions about notebooks.

THE CHAIRMAN: Yes.

Dr Pettigrew, I think you explained that children on home therapy would keep records, and of course one would expect that. Did they bring those records in for examination at Yorkhill from time to time?

A. Yes. What tended to happen was when the mother -- it was usually the mother -- came to collect the treatment, she would drop into the day bed area and I was usually based in the day bed area, as was the haemophilia nurse specialist sister at the time, and she would drop in for a chat and also we would look at the book to see if there had been any intercurrent bleeds or if the child had remained free of intercurrent bleeds and what the usage was. So we would have a look at the diary at the clinic.

THE CHAIRMAN: I used to be an accountant and I naturally think in these terms. So did you note down the quantities in internal records that were used and in effect keep a balance record?

A. No, we didn't. When they had filled their books and

they had to get new books, the parents would take them back to the haematology department and they were kept there. What happened to them, I do not know.

THE CHAIRMAN: But the routine was that these records, which were left with the parents, I suppose, until they were complete, were then called in and held at the hospital itself?

A. Yes.

THE CHAIRMAN: Were they analysed at that stage?

A. No. As I say, when the parents called up for the treatment, they usually called over to the day bed area and we would go through the book at that time and discuss any problems that had arisen since they had last produced the book.

THE CHAIRMAN: The obviously relevant clinical data there.

A. Yes.

THE CHAIRMAN: Do you know whether the books were kept as permanent records or whether they were just disposed of or what?

A. I can't answer that. I would have hoped they would have been kept as permanent records but I can't answer that. I don't know.

THE CHAIRMAN: Right, thank you very much. I think that's all I would like to ask at this stage. Thank you.

(11.25 am)

(Short break)

(11.44 am)

Questions by MR GARDINER

MR GARDINER: Dr Pettigrew, I would like to ask you some questions about the information that was given to patients about the risk of AIDS from blood products, the tracing and testing of patients exposed to the virus and the information that was given to patients who were infected. This is what we are calling the B5 topic.

I think, Dr Pettigrew, the Inquiry wrote to you on 31 March. That's right, isn't it?

A. Yes.

Q. That is in our database at [PEN0160477]. That's the letter that we sent to you about this topic, isn't it?

A. Yes.

Q. Then you were kind enough to respond on 21 April and that's at [PEN0120277]. So if we can just first of all look at the letter that we sent you. On the first page we set out the details of the topic. Then if we just pass over to the second page, the second paragraph:

"In relation to B5(a), we suggest that your client might like to consider the following matters ..."

Number 1:

"When the possibility that AIDS was a blood-borne disease which affected haemophiliacs became apparent

around December 1982, did Dr Pettigrew discuss the implications with her patients (or their parents) before continuing to use factor concentrate therapy?"

I think I'm right in saying, Dr Pettigrew, that you answer that question in (a) in your letter. Is that right?

A. Yes, that would be correct.

Q. So you are addressing that question.

A. Yes.

Q. What you say there is that:

"A number of patients were established on home therapy treatment with Factor VIII concentrate before I started working at Yorkhill hospital and before the risk of AIDS being transmitted through blood and blood products had been confirmed. During the period where there was increasing concern that a transmissible infectious agent was present in blood and blood products ..."

You have put 1982 to 1983:

"... we would advise parents of this concern but at that time there was no definite proof."

This morning you told us that the first time you became aware was in about 1983, that AIDS could be transmitted by blood products.

A. I think that would be correct, and initially when I was

contacted by the Inquiry, my recollection of dates, et cetera, was very vague but having read the preliminary reports, I'm assuming that it would have been in 1983.

Q. Yes. Well, the questions that I'm going to ask you about that are really at around about that time, around about 1983. Could you tell us: what would you say to patients about this concern?

A. If parents -- it would usually be parents -- voiced concerns, we would say that, as I have stated, there was a possibility -- the possibility had been raised but at that time there was no definite evidence. There was still a lot of debate, even among the experts, as to whether or not there was a definite infectious agent and the advice at that time was that they should continue with therapy.

But obviously, I would be following advice that I would be given by my seniors.

Q. Yes. I'm going to ask you about that in a minute. The way you put it there was if parents voiced concern; would you routinely discuss this with parents, even if they didn't mention it themselves?

A. The majority of parents would voice concerns because they were a well-informed group, and obviously most of our parents were in contact with the Haemophilia Society

and would be aware of this.

Q. What discussions did you have about this with either Dr Willoughby or Professor Hann, or at that time would it just be Professor Hann?

A. Well, Professor Hann arrived, I think, in January 1983 and I can't recall any specific discussions. But I think there was obviously, from the beginning of 1983, and as I have mentioned before, increasing concern. Fortunate for that time we were able to introduce more Scottish -- SNBTS Factor VIII and try and encourage the parents to use that in preference to the commercial Factor VIII.

Q. So Professor Hann hadn't formulated a policy that he discussed with you about discussing this concern with parents?

A. Not at that time, not early in 1983, no.

Q. Right. Did that come later?

A. I can't recall any specific policy with regards to discussing with parents the risk of AIDS.

Q. Okay. These discussions about this concern, where would they take place?

A. Well at that time we would still be in the day bed area and, as I have said before, the parents would call in, usually just for a chat, and that would be the time when the concerns would be raised.

Q. Could you help us what the day bed area consisted of exactly?
A. Well, we share the day bed area with the whole hospital and it was used for treatments, and patients with minor surgery would be treated in the day bed area as well, post anaesthetic. There was two four-bedded rooms. So the haematology patients tended to be in one four-bedded room and the non-haematology patients in another. There was two treatment rooms and we tended to have the use of one treatment room, which we used not only for the treatment of haemophilia but for treatment of leukaemic patients and patients with solid tumours, and there was a waiting room.
Q. So where would these sorts of discussions about these concerns take place with the parents?
A. Well, it would depend what was available but, you know, usually in the treatment room or sometimes in the waiting room.
Q. The preference would be the treatment room, I presume?
A. Well, it depends on the circumstance. You know, you might be just talking to them wherever you were, and they would bring up this concern. So you know, I couldn't say specifically where these discussions took place.
Q. No. I'm talking specifically about a concern about this

new virus being transmitted by blood products. So it's that kind of discussion. Would you have a preference for where you would have those sort of discussions?

A. Well, obviously any discussions you would have, you would hope to have where there was privacy and confidentiality.

Q. So your preference would be for privacy if it was available?

A. Yes, absolutely.

Q. Thank you. During these discussions about this concern, would other treatment options be discussed with the parents, for example cryoprecipitate or going to NHS product if commercial concentrate was being used?

A. As I say, during 1983 we had a more reliable supply of SNBTS and we would try and encourage parents to use SNBTS rather than Factorate concentrate.

Q. What about the possibility of stopping NHS concentrates and moving back to cryoprecipitate? Was that ever discussed?

A. I don't think it was ever discussed because of the practicalities -- or the impracticality of it. But if the parents, you know, asked about that, we would discuss it with them.

Q. So cryoprecipitate treatment wasn't offered because it wasn't a practical possibility?

A. It would have been a very difficult to institute home therapy with cryoprecipitate.

Q. Dr Pettigrew, these sorts of discussions about concerns, is that something that would be recorded in medical notes for patients?

A. I don't think it would necessarily be recorded in medical notes because if the parents came to the day bed area, you know, it would be a drop-in, and we wouldn't have the child's notes available. We only have the child's notes when the child appeared with a problem; for medical advice or treatment.

Q. Yes. Thank you. Just to go back to your letter, in the next paragraph you say:

"I cannot recall giving initial counselling to parents of newly diagnosed haemophiliacs."

What are you meaning by "initial counselling" there, Dr Pettigrew?

A. I think if there was a newly diagnosed haemophiliac, the consultant would normally discuss with the parents the implications of that and have a full discussion with the parents.

Q. Would you be in attendance at those sorts of meetings?

A. Sometimes but sometimes not because remember I was part-time, so I wasn't always there.

Q. Yes. The meetings that you were at, were different

treatment options discussed?
A. I can't say with any certainty. I can't recall with any certainty. I think, you know, the main aim then would be to make sure that the parents understood the risk of bleeding episodes.
Q. I think you told us earlier that, notwithstanding the risks of transmissible agents, the advice to the parents would be to take the factor concentrates because the risk of bleeding outweighed the risk of the transmission; is that right?
A. Well, at that stage, I think probably still the balance was in favour of continuing treatment and, as I have mentioned, there was lots of different opinions at that time, and I think, as Dr Winter said, the consequences of stopping treatment, you know, would have had quite a dramatic effect as well.
Q. But your personal recollection of that time, Professor Hann, the advice he would have given in initial counselling, that would be to recommend concentrate treatment; is that right?
A. Yes, unless the parents specifically stated that they didn't want to continue. If the parents stated they didn't want to continue, we would say, well, you know, that would be their choice and you would have to respect that but I don't think any parents did.

Q. Thank you. If we could just move to the next paragraph of your letter, I think this is in response to a question about testing. What you say here is:

"As answered in my statements in topic B2, question 12, when a test for the HTLV-III virus became available, initial testing was carried out retrospectively by Dr Follett of the regional virology laboratory on storage serum samples. I do ..."

I think that should be:

"I do not know who initiated this testing but subsequently both positive and negative patients were retested to confirm results."

Could we just have a look at your B2 statement, please? Which is [PEN0150486].

A. Sorry, could I qualify something I said earlier? As I said in my statement, any change in treatment policy would obviously not be my decision to take and if a parent didn't voice a concern that they didn't want to continue with treatment, that would be obviously something I will refer on to the consultant.

Q. Thank you. If we could look at the 0487 document, paragraph 12, I think the question is about the results of the children who had been infected. Paragraph 12 you say:

"I cannot remember the exact number of children who

were fist found to be positive for HTLV-III, as it was termed then, but I think it was about eight to ten, some of whom had already transferred to the adult unit and one had moved to a different part of the country. These results were received in a letter to Dr Hann from Dr Follett, the virologist. He had carried out initial tests retrospectively on stored serum."

I think earlier on today you told us a bit more about that. What I wanted to try to clarify with you is: is it your recollection that every routine sample that was taken from patients was then subsequently retained by Dr Follett in a deep freeze? Is that how it worked?

A. I couldn't answer that. I mean, we sent Dr Follett samples from haemophiliacs for testing for Hepatitis B. I mean, I can't tell you if all of those samples were stored by him or if some of them were stored. I really don't know. But he certainly had stored samples that he was able to test retrospectively.

Q. How often would these samples be taken? I think you mentioned it this morning but could you just remind me, the Hep B samples?

A. We would try and do it at fairly regular periods but I couldn't give you an exact time, but you would probably try and check them at least maybe yearly.

Q. When the Hepatitis B samples were taken, were the parents advised why the samples were being taken?
A. It's my recollection that when we were taking blood samples, I would usually say, "I'm taking blood for ... "We will just check for Hepatitis B." Sometimes we were checking for Factor VIII levels, for instance. Sometimes we would check their blood count to make sure they hadn't become anaemic and also, if I was checking for liver function tests, I would say, "We are checking the liver function tests because it appears that some haemophiliacs have abnormal amounts in the liver function test and we are going to keep an eye on that".
Q. Do you think permission was obtained from parents before testing the stored samples by Dr Follett?
A. I don't think it was. That's why I say I don't know who initiated the testing.
Q. Thank you.
THE CHAIRMAN: Would your department have been the natural conduit or contact with the parents if consent had been sought?
A. Yes --
THE CHAIRMAN: Dr Follett wouldn't have direct contact with the parents, I imagine.
A. No, Dr Follett wouldn't have contact with the parents, no. But I think things, as has been mentioned before --

you know, we are talking about 26 years ago, when medicine was practised in a slightly different fashion and consent was not always obtained for what was thought to be -- you know, for testing.

MR GARDINER: What was the main difference in the way that medicine was practised at that time?

A. For instance, in haematology you were always taking blood samples from children but every time you took a blood sample, you wouldn't always say each time, "I'm testing for X, Y, Z". Nowadays in my practice when I send people for blood samples, I would say, "I'm testing for X, Y, Z".

Q. I think at the bottom of paragraph B you say there was retesting to confirm results?

A. Yes, the parents would be informed then if there was retesting.

Q. Because you would have to bleed the children to get a fresh sample?

A. Yes, and it obviously would be a very sensitive situation.

Q. So your recollection is that on retesting, it was explained to the parent what was being tested for and so on?

A. That would be my recollection, yes.

Q. Okay. Thank you very much. If we could just move on to

paragraph (c), which is over the page in your letter. This is addressing the question of informing parents about the results of tests.

You say:

"Parents of those children who tested positive were informed as soon as possible, either opportunistically when they attended the day bed area or at the haemophilia clinic. The information given to parents was based on the state of knowledge at the time."

And so on. You have told us that the results were communicated by Dr Follett to Professor Hann in a letter?

A. That's correct.

Q. So how did you find out about the results?

A. Dr Hann called me over to his office and he showed me the letter, and I presume that he must have been happy that the tests that Dr Follett was using were fairly reliable and, you know, he advised me that he felt we should inform the parents as soon as the opportunity arose.

Q. Would you be able to tell us more or less when this was?

A. The date?

Q. Yes. Or a month even.

A. Sorry, I can't remember but I presume it would -- would it be late 1984 maybe? But I honestly couldn't give you

an exact date but I presume, when -- Gallo discovered his virus in May 1984, I think, so it might have been late 1984/early 1985, but I honestly can't give you a date.

Q. So late 1984/Earaly 1985 is your best estimate, is it?

A. Yes, but that's a guess.

Q. Is that from your own recollection, Dr Pettigrew?

A. Well, I have to say it's probably more from reviewing, you know, the preliminary report because initially I couldn't have given you an exact -- I would have said mid 1980s.

Q. Thank you. At that time, when you first spoke to Professor Hann, how many children did you think were involved?

A. Again, I can't give you an exact figure. You know, I have said there, I think -- what did I say? Maybe about ten but I couldn't give you an exact figure. I did know the exact figure then, obviously, and throughout the time I was working at Yorkhill, but I don't recall the exact figure now.

Q. You told us that Professor Hann said to you that he wanted the parents to be advised about the results as soon as possible?

A. Yes.

Q. Yes. Did he discuss with you how the results would be

communicated, who would do it, what the format would be?
A. No, not really, no.
THE CHAIRMAN: Could we just go back a bit. I think your answer wasn't "as soon as possible" but it was "as soon as the opportunity arose".
A. Yes.
THE CHAIRMAN: I think there could be a significant difference, Dr Pettigrew, between those two. If it was as soon as possible, one might have expected you to take positive steps to inform. If it was as opportunity arose, what would be involved in that?
A. I think the majority if not all the patients who were found to be HTLV-III antibody positive were on home treatment. So we knew that we would see them or see the parents within a few weeks at the day bed area. So we would -- or I would try and speak to the parents when they came to the day bed area, and if we hadn't seen them, we would see them at the clinic.
THE CHAIRMAN: Do you think it was this second of the two possibilities that actually applied?
A. No, I do recall having a discussion with some parents in the day bed area and in the waiting room.
THE CHAIRMAN: In some cases that might involve quite a significant delay.
A. I think probably you would be talking maybe up to three

or four weeks but I don't think -- you know, we didn't hold on to the results for months; we did try and inform the parents as soon as the opportunity arose. I think what Dr Hann didn't want was to write to the parents and say, "Could you come and see me, please". Because there was obviously a lot of concern at the time and haemophilia is a small world and I think there would be discussion among parents and patients themselves about testing.

THE CHAIRMAN: Sorry, Mr Gardiner.

MR GARDINER: Thank you, sir. Why did he not want to write to the parents about this?

A. I think you have to think back to that time, when there was a whole lot of hysteria, misconceptions, about AIDS. We were trying to maintain confidentiality, we were in a situation where, you know, even the porters in the hospital had stated that if there was a child in the hospital with AIDS, they would not be involved in transporting that child from department to department, including the mortuary. So it was a very, very difficult time and we were trying to protect them from that sort of hysteria and reaction.

Q. So was there a concern that committing it to paper would --

A. Yes. In fact I don't even think the results were

initially entered into the case notes.

Q. So you think that Dr Hann's concern about writing out would be, in part, that somebody would have to write the letter and therefore necessarily somebody else would have to know and that would --

A. Well, somebody would write the letter, and I think we could trust our staff in the haematology department, but letters would then have to go into case notes.

Q. So who could see the case notes that Dr Hann didn't --

A. Well, case notes were held centrally, you know, in the records office.

Q. Do you have a recollection of discussing these sorts of things with Dr Hann at that time, the need for secrecy and so on?

A. Yes.

Q. But during this discussion there was no mention of the way in which the results would be communicated?

A. No, there wasn't. I presume that Dr Hann trusted me to do it in an appropriate manner.

Q. Was it going to be your job?

A. Certainly those parents that were not given the results at the clinic, I would have seen.

Q. Yes. And who would have seen them at the clinic if it wasn't you then?

A. Both Dr Hann and I would have seen them at the clinic.

Q. Dr Pettigrew, can you remember if you did advise the parents about these results?
A. Yes, I did, yes. I can distinctly remember at least two, if not more, that I spoke to before the clinic.
Q. So would that mean that Dr Hann must have advised the other parents?
A. Well, I think the other parents we would have both seen at the clinic.
Q. Could you just tell us how you did it? How did you pass on this news?
A. With great difficulty. You know, you had to tell these parents that their child had been found to be positive for this new test, that we weren't absolutely sure of the accuracy of this test and that the test would indicate that there was a possibility they had been infected by the virus which was thought to cause AIDS. But at that time we didn't know and we couldn't tell them whether their child would definitely develop AIDS or not. And then we also had to give some practical advice.
Q. What would that be?
A. Well, obviously these weren't mothers that were injecting their children. So we had to remind them to continue to take the precautions that we would take to prevent infection, such as Hepatitis B, and advice about

hygiene about the house and not sharing tooth brushes et cetera, and obviously we would inform them about the risk of transmission by sexual contact.

THE CHAIRMAN: Sorry, did you say these were or weren't mothers who were injecting?

A. The majority would be mothers -- or some of them by that stage, the children would be injecting themselves.

MR GARDINER: It may seem like an odd question but how long would this take, this passing on this news?

A. It could take quite a long time. It wasn't something you rushed because obviously, in giving that information, you couldn't just give it and then leave the parent. You had to give them some support and also, if I can add, you know, these are parents and families that we had got to know well over the years, not only them but obviously working at the Royal before, I knew some of their relatives as well.

Q. Dr Pettigrew, did you receive any guidance at all from anyone before you took on this exercise of passing on these results?

A. I don't think there was any specific guidance available at the time and I know now medical students are trained in giving bad news, but the only training I had was from my experience and obviously haematology, there was often occasions when one had to give bad news but I don't

think I had ever been in a situation like this before.

Q. Thank you. Now, just to pass on chronologically a bit further on, as knowledge developed about the disease, did you have occasion to discuss the developing knowledge with the parents and the implications of the diagnosis?

A. Yes, as I mentioned, following the information that the patients were positive for HTLV-III antibody, we continued to see them regularly at the clinics, probably a bit more regularly, and there would be an opportunity discuss any advancements in the knowledge about the condition. There was also, as I think I mentioned, you know, we involved social workers and there were parent support groups set up as well.

Q. Thank you. Can we have a look, please, at the Inquiry's letter, which is [PEN0160477]? If you could have the front page in front of you there. This is the Inquiry writing to you and letting you know the kind of things that you are going to be asked, and the second last sentence:

"It is likely that she will be asked about the answers given in that statement at the hearing. In particular, she should be aware that the parent of one of the boys that she was treating has told the Inquiry that they were informed that their son was HIV positive

in the corridor of the day centre. Your client is mentioned in connection with this."

So, you see, Dr Pettigrew, what's being said there, that at the period that we have been talking about, a parent of one of the children that you were treating has told the Inquiry that they were informed about the HIV diagnosis in the corridor of the day centre and --

A. Sorry, I think they said the clinic.

Q. Corridor of the day centre.

A. I'm sorry, but the further information I have got -- initially, I thought it was the day centre but I subsequently received a further transcript, which was anonymous, and it mentioned the clinic.

Q. Well, we can maybe just put a caveat in here at the moment, Dr Pettigrew, that we are being terribly careful not to mention the names of any of the relatives or patients. So working within that constraint, if we could just look at what's said in this letter here, and you will see what's being suggested. In your letter, what you say at paragraph (c):

"Parents of those children who tested positive were informed as soon as possible, either opportunistically, when they attended the day bed area or at the haemophilia clinic."

You have told us a bit more this morning about the

layout of the day centre and so on. So Dr Pettigrew, is it possible that what is being said here in this letter, which has been reported to the Inquiry, is correct?

A. I don't think so. I mean, I do recall speaking to parent in the day bed area, but my recollection is of sitting in the waiting room which would have been otherwise empty at the time.

Q. Okay. Well, can I just ask you, Dr Pettigrew: you have told us about the changes in the profession and the changes in approach to patients and now, of course, you have had a further 25 or so years of experience. Given that, would you now, looking back, do what you have just told us: pass on the results of an HIV test in a waiting room, even if it was empty?

A. Well, I did not have any other option because I did not have an office. I wasn't a senior clinician. We didn't have an interview room in the day bed area. So the option was to find an area of privacy, where I could speak to the parent in confidence.

Q. Just looking back now and with the time that has passed, is that something that, if you could do it again, you would do it that way, with more privacy?

A. I did it with privacy.

Q. Thank you. I would like to pass on to another area. I think you told us that part of what you had to do when

you were passing on this very serious news to parents, was to offer support and you had a supportive role. Could you explain to the Inquiry what you mean by that? What was the support that you would be giving in those circumstances?

A. Well, as I mentioned, obviously over the years we had come to know the parents very well and the parents continued -- and I think probably by this time or just shortly after that, we moved the unit up towards 7A and we had a dedicated haemophilia room and the parents would often -- again, pop in because it was a very open sort of policy, and when they did, there was the haemophilia sister, who had been there for a long time as well, and we would try and give the parents any support that we could, by spending time with them and talking with them.

I explained also that the main opportunity for support for patients who were known to be positive for HTLV-III, or as it was later called, HIV, was through predominantly the organisations such as the Terrence Higgins Trust, and we didn't feel that that was appropriate. We involved our own social worker in-house, in providing support to these parents, and also there was another social worker who I think was based at Ruchill who probably had a bit more experience

and he became involved as well and there was also a parent support group set up.

Q. Do you remember the names of these social workers?

A. The social worker who was based in Yorkhill was called Christina Leach. And the other gentleman social worker, who I think was based in Yorkhill, I think was Jim Black.

Q. You mentioned patient groups?

A. Yes, there was a lady, Patricia Wilkie, who had become involved with haemophiliacs who were HIV positive, and she had contacted parents and she had set up a support group for them.

Q. I think the Inquiry is going to hear from Patricia Wilkie in the next block. But did you have any personal involvement with Patricia Wilkie and what was discussed at these meetings and so on?

A. Well, I was trying to recollect. I don't think I personally attended the -- I can't recall attending the support groups. I think it was probably better that there wasn't a medical person there because it left the parents free to discuss issues that they might not want to discuss in front of us and also it took it out of the hospital context.

Q. Yes. Thank you.

I just have a couple of final questions for you,

Dr Pettigrew. If we just go back to the question of communicating the test results that we discussed earlier, could you tell us: if the parents did not come in with the particular problem or if they didn't have an appointment, did you take active steps to get in touch with them, to communicate the results?

A. Yes, I think initially when I was contacted, in the initial set of questions I was sent, there was mention of parents had mentioned that there was a number of them told at the same clinic, and I think probably on reflection what happened was that the ones that we hadn't managed to speak to were invited to attend the next haemophilia clinic, and that would just be an ordinary letter with a clinic appointment, with no mention. So we would maintain the confidentiality there and the sensitivity of the issue.

Q. Yes. So if time passed and the parents hadn't come in, then a letter would be sent just for a normal clinic appointment. Is that right?

A. Yes, as far as I recall, I think that's probably what happened.

Q. Yes, okay.

I think you mentioned Jim Black earlier. Was he based at Ruchill or Yorkhill. Do you remember?

A. I think he was based at Ruchill. I can't say with

absolute certainty but that was my recollection.

Q. Yes. Just finally, Dr Pettigrew, in the next block the Inquiry is going to hear evidence from people who were involved in a meeting at the end of December 1984 to discuss the results. The first results of HTLV-III positive tests in Scotland, and our information is that letters were sent to all people with haemophilia at that time inviting them to this meeting. Does that ring any bells with you?

A. Was that meeting organised at the Royal Infirmary by the Haemophilia Society?

Q. This is a meeting that was organised by Dr Ludlam and Dr Forbes was present as well, we understand -- sorry, in Edinburgh, I should say.

A. Oh, it was in Edinburgh.

Q. Yes.

A. I don't recall being involved in that or anything about that. I mean, were patients from Glasgow invited as well?

Q. Well, that is our information. I'm just wondering if it rings any bells with you.

A. Sorry, what date was this?

Q. This is at the end of 1984; December 1984.

A. I think -- I recall that there was a meeting which I thought had been organised -- yes, at which all

haemophiliacs were invited to attend. I thought it was in the Royal Infirmary -- sorry, Glasgow Royal Infirmary, as opposed to Edinburgh Royal Infirmary.

Q. This was a meeting in Edinburgh. Does that ring any bells with you?

A. I have a recollection of a meeting that was held to inform haemophiliacs of the situation regarding transmission of AIDS through blood products. I thought it was in Glasgow but I may be wrong.

Q. Yes.

A. Whether it's the same meeting or not.

Q. This is an Edinburgh meeting. So ...

A. I can't recall anything specific about it.

Q. You can't recall anything about an Edinburgh meeting?

A. No.

Q. So you don't remember any discussions with parents about being asked to attend such a meeting?

A. I don't remember any discussions with parents about being asked to attend that meeting, but I don't remember discussions with parents about specific things at that time. Sorry, I couldn't really say with certainty whether I did or didn't.

MR GARDINER: I don't have any more questions, sir.

Thank you Dr Pettigrew.

THE CHAIRMAN: Dr Pettigrew, over the period that you were involved, either alone or with Professor Hann, in speaking to parents about the emerging and developing AIDS problem, where did you get your information?

A. Well, it was quite difficult because obviously that was the days before the Internet and easy access to journals. Looking back, I think, obviously from colleagues. In fact I was trying to recollect where I got my information and I found it very difficult to recollect where I got my information, but obviously we would be attending scientific meetings and I remember at one point trying to get hold of the Morbidity and Mortality Weekly reports, and I think we eventually got hold of those from the department of epidemiology. But in those days, unless you were alerted to an article appearing and then went to the library and asked them to get the journal and photocopy the article for you, there wasn't instant access to information.

THE CHAIRMAN: With all respect to you, you were a relatively junior clinician at that stage.

A. Yes.

THE CHAIRMAN: So it is easy to envisage, I think, two more or less extreme situations. In one of them there would be a structured system within which your seniors would

ensure that you had a body of knowledge available to enable you to deal properly with parents of children, and at the other extreme, you would be left to your own devices. If you were really ferreting around trying to find the MMWR or dependent on casual contact with other colleagues, one might tend towards the second of those two situations. Would you like to think about it and tell us?

A. I think -- obviously I must have attended meetings to discuss the problem, or I certainly remember at some point reading, you know, the seminal article in the New England Medical Journal that was referred to, but when I read that, I don't know.

But how I actually kept up-to-date with information, I couldn't tell you, but we did try to keep up to date with information, but how I did that I don't know.

THE CHAIRMAN: Just to put it directly: was there any occasion on which Professor Hann laid down a sort of protocol for dealing with parents or children in which he prescribed the level of information that ought to be given to them?

A. No, but when I was speaking to parents, I was aware of the current knowledge of the time because it was obviously an area that I had to try and keep up-to-date with by whatever means was available.

THE CHAIRMAN: Well, I can understand that but of course we know that over significant periods of time there were competing views.

A. Yes, absolutely.

THE CHAIRMAN: How would the selection be made as to which of the current views was communicated to a parent?

A. Well, I think, you know, by the time we received the results, we knew that there was a virus involved.

THE CHAIRMAN: So after Gallo and the development of the test?

A. Yes.

THE CHAIRMAN: Yes.

A. But at that time, you know -- and that's why I think I was trying to keep up with, for instance, the Morbidity and Mortality Weekly reports, to try and find out if the natural history of the disease had been worked out. So we could give patients or parents more information about what was the percentage of patients who were found to be HIV positive or HTLV-III positive who went on to develop full-blown AIDS, because that wasn't known and it was obviously that uncertainty which would have been extremely difficult for parents to live with, having lived with the uncertainty of haemophilia all their lives.

THE CHAIRMAN: So I think that we would understand that

there were differing views, where all or only a proportion would proceed to full-blown AIDS.

A. Yes. At that point, when we got the results, you couldn't give any definite information about whether the child would progress to develop full-blown AIDS or not. We just didn't know.

THE CHAIRMAN: Was the decision on what to tell a parent at that stage left to you, if you were having a one-to-one interview?

A. I think, when you talked about did Dr Hann have a policy, I don't think he would have had a policy but we may have discussed at some point what the current thinking about AIDS and the development of AIDS in patients who were HIV positive or HTLV-III positive was at the time. So although there was no actual policy of what do we tell parents, I think we would have discussed what was the state of knowledge at the time.

THE CHAIRMAN: You have made it clear that there wouldn't be a record in the patient's notes about this.

A. I don't think initially there was because of the stigma that would have been attached to them and the hysteria that was not only among the general public but also among people in Yorkhill at the time as well.

THE CHAIRMAN: Of course, there is more than one way of skinning a cat and it might have been possible for the

department to maintain records apart from the notes that showed what was being done.

A. Yes, that could have been possible, yes.

THE CHAIRMAN: Was anything of that kind attempted?

A. I'm not sure. I mean, we may have made even an entry in the notes at the clinic, that parents had been seen and a discussion, without perhaps detailing what that discussion was.

THE CHAIRMAN: Yes. Let's take the two cases that you can remember particularly.

A. Yes.

THE CHAIRMAN: In which you were the person who carried the burden of telling the parent. Would you report back to Dr Hann?

A. Yes, I would have reported back to Dr Hann, yes.

Q. How would that have been done?

A. I would have spoken to him. I would have seen him because as a haematology unit we met regularly every day.

THE CHAIRMAN: We have to envisage a small department with a lot of close contact?

A. Yes, so I would say, "I had the opportunity to speak to so and so today."

THE CHAIRMAN: But there would be no record of that so far as you can recollect?

A. There wouldn't have been initially, no.
THE CHAIRMAN: Yes. Thank you.
Do you want to follow that in any way before I ask Mr Di Rollo.
MR GARDINER: No, thank you, sir.
THE CHAIRMAN: Mr Di Rollo?
Questions by MR DI ROLLO
MR DI ROLLO: Thank you, chairman.
Dr Pettigrew, can I ask you first of all about matters in relation to practice at Yorkhill in the early 1980s? I think you have told us that when you first were there, Dr Willoughby was in charge and that he had used primarily commercial Factor VIII, and the explanation that was given was one related to security of supply; that's how it was explained to you. Is that right?
A. Yes, reliability of supply.
Q. Reliability of supply. Did he ever go into any more detail than that or was that just all that you were told about why commercial product was favoured over NHS product?
A. I don't recall him going into any further detail, no.
Q. Did you question that or in any way ask for any more information about that?
A. Well, I initially questioned him, as I stated, because

I had been used to dealing with mostly SNBTS Factor VIII. But initially when I went to Yorkhill, I didn't feel it was my place to question the consultant as to his decisions because I was a relatively junior doctor and that wouldn't have been my place.

Q. When Dr Hann arrived, it changed from commercial to NHS fairly quickly. Is that right?

A. Yes, I think the figures would show that the usage of commercial Factor VIII during 1983 dropped dramatically.

Q. I realise this is difficult, all this is a long time ago, but do you have any recollection of actually at the time being conscious of a shift from commercial to NHS product?

A. I think there probably was some sort of level of being conscious of a shift.

Q. Was that purely related to the emerging concern in relation to AIDS or was that because of a different attitude towards NHS product on the part of Dr Hann?

A. I think it might have been related to the fact that there appeared to be more NHS concentrate available, as well as perhaps a conscious shift on the part of Dr Hann to move to NHS concentrate.

Q. We have heard evidence in this Inquiry, I think, that in Edinburgh, for example, commercial product was not used, if at all possible, for clinical reasons. Were you

aware of those clinical reasons at the time?
A. No, I wasn't.
Q. Obviously you are aware of them now, having read, presumably, the evidence and also the preliminary report and other material?
A. Could you remind me of those clinical reasons?
Q. As I understand it, because commercial product came from America and would be more likely to contain donations from large pools, from paid donors, there would be a concern that commercial product was possibly more likely to be harmful to patients. That would be, in essence, one of the reasons why commercial product would be not favoured? It would be NHS product, local product, which would be favoured?
A. Right. I'm sorry, can you just repeat the question?
Q. The question was were you aware of those reasons at the time, ie in the early 1980s, as to why NHS product might be better to use for patients than commercial product?
A. I think possibly I was aware of that. I can't say with any certainty.
Q. Do you know if parents of children were informed about the potential risks one way or another between NHS product and commercial product?
A. I can't say with any certainty whether they were or not.
Q. One of the things that perhaps you have indicated in

your evidence is that you certainly didn't move back from using concentrates to cryoprecipitate, even after the AIDS scare became apparent. Am I right to understand that, in terms of your evidence today?

A. Yes, but again that wouldn't have been my decision to take.

Q. Right. And in terms of informing patients about the relative risks or whether that would be a good idea or a bad idea, again was that something that you were involved in, that discussion, or would that be somebody else that would have that discussion?

A. I think I may have on some occasions been involved in discussions such as you describe, if the patient had asked me or had enquired or had brought it up.

Q. The way you have put that tends to suggest to me that perhaps it would be for the parent to raise it; if it wasn't raised, then it wouldn't be discussed. Am I right to think in that way?

A. Yes. I don't think there was any policy given to a junior member of staff to bring up such questions with the parents.

Q. I understand. I mean, I appreciate, first of all, this is a long time ago and, secondly, your position in the hierarchy in relation to matters.

Can I just put this? There is one document I want

to put on the screen, [LIT0010243]. This is a leader in the British Medical Journal, dated 10 December 1983, and if we go over to the second page, could we just go to the final paragraph? This is saying:

"For the moment, however, it seems sensible to treat very young severely affected children with cryoprecipitate rather than concentrates."

The context of this, I think, is the position that clearly there was a concern about the safety of factor concentrates, whether NHS or commercial, at that stage. The question really is whether parents were given any information about this by Yorkhill and whether or not they were given an opportunity to take a view that cryoprecipitate, rather than concentrate, should be used at this time?

A. I find it difficult to answer this question because I don't think there was any policy. But if parents had asked about the relative safety of cryoprecipitate versus concentrate, that would have been discussed.

Q. As I understand it, I think you are telling us you weren't proactive in influencing parents' decision-making to go back to cryoprecipitate, for example. That wasn't something that you set out to do?

A. That wasn't my place. I was a junior member of staff and it wasn't my place to do that.

Q. I understand.
A. Sir, can I just add: at Yorkhill --
Q. Of course.
A. -- it was very much a consultant-led service and I think still is.
Q. I want to turn to the second matter that you have been asked about, which is the way in which testing was carried out and the information that was given to parents in relation to the outcome of those tests. Can you tell us what would be done differently now, as opposed to what was done then? Has anything changed specifically, in terms of practice, as between the mid-1980s and now?
A. I think you are quite aware there has been quite a change in practice since then, and I think it has already been alluded to by Dr Winter that this whole issue of testing for AIDS changed medical practice dramatically. It introduced the concept of pre-test counselling. But I think it's difficult to apply the standards of today to what was common or normal practice then.
Q. What about in relation to the information given to parents about what had happened and the results of tests and how that would be communicated, the manner of communication and things of that kind? Can you give us

an indication as to the change in practice in relation to that?

A. You mean, would I have done anything differently then, based on the standards now?

Q. Yes, that's what I would like to ask you.

A. I don't think I would have. I would have had to ensure that the parents were given as much information as we had at the time; I would have to ensure that that information was given to the parents -- and I'm talking about parents because I think I already mentioned it was common practice then to speak to parents rather than children; we would have to make sure that that information was given in a confidential manner; and we would have to make sure that they had an opportunity to ask appropriate questions and were given appropriate support afterwards.

The question as to whether or not that discussion was recorded in the case notes: I don't know if I would necessarily have still recorded it in the case notes at that time, based on current practice. I think --

Q. What's current practice in relation to the case notes?

A. Current practice is to record information accurately, but even in my current practice in general practice I quite often use the term: "Had a long chat with the patient regarding issues in relationship to ..."

THE CHAIRMAN: What would the "to" have been, perhaps? Would it have been AIDS?

A. Things have changed nowadays because of access to records and I think, although we do try to be accurate and honest in recording our information, even now I would be aware that there was some information given to the -- this is not really in relationship to what we had been discussing but there is still some information given to a doctor from the patient which is highly confidential, and you have to be careful how you record that information, in case at a future date the records are accessed for other purposes, with the patient's permission but perhaps with the patient not realising what information is in those notes.

MR DI ROLLO: The AIDS outbreak and the information or the counselling required in relation to that -- if someone has been diagnosed as being HIV-positive and you have got it and it's a child, you would have to run through with the parent certain ramifications of that. Presumably, at that time you would have been used to giving similar types of advice in relation to hepatitis infection as well; you would have to advise about the possibility of infecting others and all the rest of it. That was something that you would have done in a similar way, even in 1983, as you had done up until then for

other infections that a child might have contracted through blood products or any other means. Is that correct?

A. I assume that to be the case, yes.

Q. I have no other questions, sir, thank you.

THE CHAIRMAN: Mr Anderson?

MR ANDERSON: I have no questions, sir, thank you.

THE CHAIRMAN: Mr Sheldon?

MR SHELDON: I have no questions, sir, thank you.

THE CHAIRMAN: Anything else, Mr Gardiner?

MR GARDINER: No, thank you, sir.

THE CHAIRMAN: Dr Pettigrew, thank you very much.

A. Okay.

MR GARDINER: I understand that Dr Hann has been stood down for the rest of the day, sir.

THE CHAIRMAN: For the rest of the day?

MS DUNLOP: He was only available until one.

MR GARDINER: So we don't have another witness, so that would be it for today.

THE CHAIRMAN: Well, ladies and gentlemen, it looks as if IT has undermined us on this occasion but we meet again tomorrow?

MR GARDINER: Yes, indeed. Dr McClelland.

THE CHAIRMAN: Dr McClelland. So Dr Hann has been postponed indefinitely or to some particular time?

Not a particular date.

Thank you. Until tomorrow.

(12.53 pm)

(The Inquiry adjourned until 9.30 am the following day)

I N D E X