

## **Penrose Inquiry**

The following transcript is for Day 76 of the Oral Hearings of The Penrose Inquiry, held on 9<sup>th</sup> December 2011.

This session comprised a closed session during which a patient or relative gave evidence anonymously to protect their privacy.

Please note that supporting documents referred to by anonymised witnesses during the course of evidence, such as medical records and witness statements, will *not* be hosted on the Inquiry website, in the interests of confidentiality. These supporting documents have been made available on the basis of specific undertakings of confidentiality to the legal representatives of Core Participants and have been considered by Lord Penrose and the Inquiry Team. Except to the extent that they are published by the Inquiry, the evidence given by these witnesses in closed sessions and documents relating to those witnesses are the subject of a Restriction Order made by Lord Penrose under sections 19 & 20 of the Inquiries Act 2005 preventing further disclosure or publication.

Consequently, unlike other transcripts on the Inquiry website, hyperlinking has been disabled throughout.

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Friday, 9 December 2011

(9.30 am)

BRIDIE

Questions by MS PATRICK

THE CHAIRMAN: Yes?

MS PATRICK: Good morning, sir. This morning we have Bridie as a witness in respect of C5 and C6.

Bridie, I would like to start by letting you know who everybody is in the room this morning. On the bench we have Lord Penrose and seated next to him is Professor James, the medical adviser to the Inquiry. You know Margaret, who is seated next to you, and coming along the front row closest to you, we have the two stenographers, who are going to note down everything that's said this morning for the Inquiry record.

Seated next to them is Maria McCann, who is the secretary to the Inquiry and next to her is Keith Fleming, who is in charge of the documents this morning. As we go through your statements I will be referring to parts of your mother's medical records and he will bring them up on the screen in front of you, so you can see them.

You have met Laura Dunlop, senior counsel to the Inquiry and Lindsey Robertson, who is assisting us with this topic. Seated along the front we have the lawyers

1 for the core participants. The lawyers closest to us,  
2 I think you know, are the lawyers for the patients,  
3 relatives and Haemophilia Society. Then we have the  
4 lawyers for the Health Boards and the Scottish Blood  
5 Transfusion Service in the middle, and seated closest to  
6 you, the lawyers for the Scottish Government.

7 You are giving evidence today under the name of  
8 "Bridie" but that's obviously a pseudonym that the  
9 Inquiry has allocated to you. Would you tell us,  
10 please, what your date of birth is?

11 A. [REDACTED].

12 Q. Where do you presently live?

13 A. [REDACTED].

14 Q. Are you working at the moment?

15 A. I am, yes.

16 Q. What's your occupation?

17 A. I'm a civil servant.

18 Q. You are one of three children who has come this morning  
19 to tell us about what happened to your mother. Are you  
20 the eldest of the children?

21 A. I'm the middle child.

22 Q. The middle child. So you have a brother and a sister.  
23 Who is the youngest?

24 A. The youngest is my brother. My sister is the eldest.

25 Q. And your father sadly died in [REDACTED] 2007.

1 A. Yes, he did.

2 Q. You have provided a witness statement, which is  
3 WIT0050043, but in effect, in your witness statement,  
4 you adopted what your brother had said in his witness  
5 statement, because he too provided a witness statement  
6 to the Inquiry. The reference for that is WIT0050006.  
7 And it's that statement I'm going to be referring you to  
8 this morning.

9 A. Yes.

10 Q. I think at the time your brother provided this statement  
11 to the Inquiry, this statement was in fact a joint  
12 effort --

13 A. Yes, that's right.

14 Q. -- of you and your brother and your sister.

15 A. Yes.

16 Q. So all three of you were involved in pooling your  
17 recollections and producing this statement?

18 A. Yes.

19 Q. Can you tell us your mother's date of birth?

20 A. [REDACTED].

21 Q. Can you tell us a bit about her?

22 A. A bit about my mother?

23 Q. Yes.

24 A. From -- she was a very, very difficult woman to know,  
25 although a very loving person, but not a cuddly person,

1 I can tell you that much. All I can remember about my  
2 mum from when we were little was that everything was  
3 just ready there. She was one of the kind of mums that  
4 everything was there, ready, the house was tidy, because  
5 she was always in the house because she didn't work,  
6 which we didn't know was because she was ill. We just  
7 thought my mum was always in the house, but as we got  
8 older, she was always ill and all I can remember from  
9 about high school onwards was that she was always in her  
10 bed and then miraculously managed to get up for maybe  
11 a wee night out that was coming up, and then she was  
12 always in her bed. But she used to be the life and soul  
13 of the party from what we were told, before we were  
14 born, but that certainly didn't show when we knew my  
15 mum.

16 I don't really know what else to say about her other  
17 than --

18 Q. No, that's helpful.

19 A. Is that okay?

20 Q. Yes. What about your father? Did he work?

21 A. My dad worked all the time. When we were kids, we  
22 hardly saw my dad. He was out before we appeared in the  
23 morning and we were bathed and in our jammies ready for  
24 him. He would come home and it was, "Hi Dad, good  
25 night, Dad." We would go to bed and he was having his

1 dinner. He worked 14-hour shifts.

2 Q. What was his occupation?

3 A. He worked at various different things but mainly  
4 a storeman, that kind of thing, manual type work up  
5 until latterly when he worked more in the offices of  
6 stores.

7 Q. Could we turn to your brother's statement, as we will  
8 call it. You tell us that your mother sadly died in  
9 2009, aged 62.

10 A. Yes.

11 Q. And the certified cause of death was hepatocellular  
12 carcinoma and Hepatitis C.

13 A. Yes.

14 Q. What was the actual date of her death?

15 A. 10 April 2009.

16 Q. In paragraph 2 it's stated that your mother contracted  
17 Hepatitis C due to receiving infected blood through  
18 a blood transfusion in 1974.

19 A. Yes.

20 Q. And the genotype of Hepatitis C, which your mother  
21 acquired, was 3A.

22 A. Yes.

23 Q. In paragraph 3 the situation that caused your mother to  
24 require a blood transfusion is described, and your  
25 mother was admitted to hospital in 1974 for the birth of

1 her fourth child.

2 A. Yes.

3 Q. Unfortunately she suffered complications during birth,  
4 had a fit and really became very unwell. I would like  
5 to refer you to the letter which describes what happened  
6 to your mother at that time, which is WIT0051695. It  
7 tells us in the third paragraph that your mother was  
8 admitted at term in established labour on  
9 18 October 1974:

10 "Labour proceeded normally for about four hours when  
11 she suddenly took "a fit" and became unconscious. She  
12 developed a marked tachycardia and, on examination was  
13 found to be almost fully dilated. At one point cardiac  
14 arrest occurred and [she] was resuscitated by external  
15 cardiac massage and given intravenous fluids. When her  
16 condition was reasonable she was delivered by a low  
17 forceps application..."

18 Sadly, the baby that she was delivered of  
19 subsequently died.

20 A. Yes.

21 Q. "Immediately after delivery, the patient became  
22 collapsed and she began bleeding excessively from the  
23 vagina." A large cervical tear was found on examination  
24 and a total hysterectomy was performed as that was  
25 thought to be the only way of saving your mother at

1 the time.

2 It's noted in the next paragraph that there was  
3 great difficulty stopping bleeding at the time and your  
4 mother "deteriorated from time to time during the  
5 operation, and for fairly long periods, only a faint beat  
6 in the aorta could be detected. However, the operation  
7 was completed and she began to improve. The  
8 anaesthetist had great doubts regarding the recovery of  
9 [your mother's] cerebral function, as she remained deeply  
10 unconscious for some time. However, she made some  
11 recovery several hours after the operation and this  
12 recovery proceeded slowly and steadily thereafter."

13 Thereafter your mother recovered from what was  
14 a very severe, life-threatening event at the time.

15 A. Yes.

16 Q. It's noted in the last paragraph:

17 "Probably her survival is due to her severe  
18 haemorrhage and that we were obliged to give her almost  
19 three complete exchange transfusions."

20 You tell us over the page in the statement, 0007,  
21 that your mother remained in hospital and unconscious  
22 for a fairly long time and was then transferred to  
23 another hospital. What was the name of that hospital?

24 A. Law Hospital.

25 Q. Law Hospital. There she remained until she was allowed



1 to return home.

2 A. Yes.

3 Q. Did your mother suffer any long-term effects as a result  
4 of this procedure?

5 A. As a result of --

6 Q. Of this operation. Did she have any long term effects  
7 of --

8 A. From having her transfusion?

9 Q. From having the operation. I think was she left with  
10 problems in one of her eyes?

11 A. She was. She was blind in one eye and I believe she had  
12 a weakness down her left-hand side. She had problems  
13 with her arm for quite a while, and her hand.

14 Q. You tell us about these at the start of paragraph 6 of  
15 the statement, where you say she was left blind in her  
16 left eye, suffered weakness in her left-hand side and  
17 had constant back and abdominal pains.

18 The hospital notes record that one of the effects of  
19 this was, understandably perhaps, your mother became  
20 quite anxious about having to attend hospitals.

21 A. Yes.

22 Q. And if we look at WIT0050098, this is a record dated  
23 3 January 1988. It's noted about half way down that  
24 page under "PMH", past medical history:

25 "Hysterectomy - during labour - haemorrhage after baby

1           died.  Feels very worried about hospitals now."

2    A.  Yes, she did not like hospitals very much.

3    Q.  No.  Over the page at WIT0050099, it's noted at the

4           top:

5            "On examination, not too distressed at present, had

6           a little anxiety attack, felt hot and sweaty and faint

7           at the thought of being in hospital again."

8    A.  Yes.

9    Q.  So this was one of the impacts of that event --

10   A.  It was, I am afraid.

11   Q.  -- on your mother.  In paragraph 9 of your brother's

12           statement, which is at page 3.

13   A.  It's okay.

14   Q.  You tell us that in 1994 your mother was admitted to

15           hospital, removal of gallstones.

16   A.  Yes.

17   Q.  I wonder if you could please look at WIT0050103.

18           Which is the referral note about this.  It is dated

19           25 October 1993 and it's from your mother's GP to the

20           surgical clinic at Hairmyres and it's noting that your

21           mother was found to have gallstones during an ultrasound

22           for the kidneys in January 1992 and that she'd been more

23           or less symptom-free until the last few months, when she

24           had been having episodes of right upper quadrant pain.

25            Could we turn, please, to WIT0050108?  This is

1 a record of the procedure which your mother subsequently  
2 had, which was removal of the gall bladder. This  
3 document is dated 4 July 1994 and it's by  
4 Mr David Knight, consultant surgeon. It states:

5 "This lady was admitted and underwent the above  
6 procedure without problems, as arranged. At operation  
7 it was noticed that she had, what appeared to be,  
8 cirrhosis of liver and a true cut biopsy was taken. The  
9 lady herself denied any excess alcohol intake. Antibody  
10 studies have also been sent. Histology of the gall  
11 bladder and the true cut liver biopsy are not yet to  
12 hand, we will let you know these results."

13 And the plan was to see your mother again for  
14 review. So this news about her liver, was that  
15 unexpected for you?

16 A. That was completely unexpected to everybody because my  
17 mother didn't drink, and I know that there was a story that  
18 we were told before she got married; she had her drink  
19 spiked and was ill afterwards. So that kind of put her  
20 off. All she ever had was an Advocat at Christmas. So  
21 we know she didn't drink. So getting told something  
22 like that and getting explained what that was, was  
23 a shock to everybody.

24 Q. This note suggests that one of the first considerations  
25 that was considered was whether this was caused by

1 alcohol, and you say in paragraph 9 that your mother  
2 always said that the hospital staff all treated her  
3 differently --

4 A. Yes.

5 Q. -- when she was diagnosed with cirrhosis, as it was  
6 presumed that she was an alcoholic. She was mortified  
7 by this and really upset. She was told that she should  
8 never drink alcohol again.

9 A. That's right.

10 Q. If we turn to WIT0050109, this is the report on the  
11 biopsy that was taken at that operation that your mother  
12 had. It's dated 19 July 1994 and it concludes in the  
13 third last line:

14 "The appearances are essentially of a micronodular  
15 cirrhosis of indeterminate origin on this evidence, but  
16 with some features suggestive of hepatitis B infection."

17 The follow-up from this came when your mother asked  
18 for a private referral to a physician, and the referral  
19 letter is WIT0050110. Actually this isn't the  
20 referral letter but it's the letter stating that  
21 Mr Knight, the consultant surgeon at the clinic, dated  
22 2 August 1994, had intended to refer her to Dr Datta  
23 but your mother informed him that she wished to go  
24 privately, and he is saying to the GP that he will leave  
25 the choice of gastroenterologist to him.

1           So your mother was referred to Stuart Hislop,  
2           consultant physician, and your mother went to see him  
3           and his letter recording that is WIT0050111. As you  
4           will see, this is a letter from Stuart Hislop, dated  
5           10 August 1994, to your mother's GP. It seems they  
6           discovered they were at primary school together around  
7           the same time. He notes that:

8           "Her medical problem is one of cirrhosis which was  
9           discovered incidentally at laparoscopy. I presume that  
10          previously any disturbed liver function tests had been  
11          put down to her gallstones but clearly there has been no  
12          evidence of liver failure up until now and I suspect  
13          from what she has been told that this may have been  
14          a Hepatitis B infection contracted after a blood  
15          transfusion twenty years ago. I suspect the damage was done  
16          a long time ago and has been quiescent ever since.  
17          However, clearly we will need more information before  
18          deciding."

19          He lists other possibilities which include primary  
20          biliary cirrhosis or chronic auto-immune hepatitis. He  
21          describes the past history when your mother received the  
22          hysterectomy and then his findings on examination. It's  
23          noted that the liver was just below the costal margin  
24          and he thought she might be mildly jaundiced. He says  
25          in the last paragraph:

1           "The crucial thing is to determine if there is  
2           a Hepatitis B infection and if it is still active in  
3           which case there may be an indication for interferon  
4           therapy."

5           So he is going to carry on investigating.

6    A.   Yes.

7    Q.   The follow-up to that is his letter, dated  
8           29 September 1994, which is WIT0050112. He records in  
9           his letter to the GP that your mother's liver screen  
10           really tells us nothing about the source of her  
11           cirrhosis other than it's probably cryptogenic and the  
12           Hepatitis B surface antigen is negative. He plans  
13           to review her in the near future.

14           There is a further letter from him to your mother's  
15           GP, WIT0050113, and Mr Hislop concludes that she  
16           probably developed Hepatitis B at the time of her blood  
17           transfusion and he suspects that she subsequently  
18           developed a chronic hepatitis which damaged her liver,  
19           although eventually she seroconverted and developed  
20           sufficient antibodies to stop the infection progressing.

21           He has advised her to avoid alcohol and plans to see  
22           her again in three months' time. He does see her again  
23           in January 1995, WIT0050114. This is his letter to  
24           the GP, dated 30 January 1995, when he records his  
25           findings on examination and your mother's latest liver

1 function test results. He notes at the end:

2 "She no longer has any medical insurance and I will  
3 follow her up."

4 At the Royal Alexander Hospital, I think?

5 A. Yes.

6 Q. In fact it was your mother's GP who found that your  
7 mother had acquired the Hepatitis C virus.

8 A. That's right.

9 Q. If we look, please, at WIT0050116, this is a referral  
10 letter from your mother's GP to Dr Datta at Hairmyres  
11 Hospital, dated 31 May 1996, and he asks, Dr Datta to  
12 see your mother. He notes the history and at the end of  
13 the first paragraph says that your mother had been  
14 advised to have her liver function monitored on  
15 a regular basis.

16 He records that he saw your mother recently to do  
17 this and in addition to doing her liver function tests,  
18 carried out screening for Hepatitis C. This confirmed  
19 positive for Hepatitis C. He notes that your mother's  
20 liver function tests showed no significant change from  
21 previous readings and he asks for Dr Datta's help in her  
22 further management.

23 Your mother was written to by her GP in respect of  
24 this diagnosis, WIT0050117. This is a letter from  
25 your mother's GP to your mother, dated 31 May 1996. He

1 writes:

2 "The repeat liver tests showed no significant change  
3 from your previous results. However, I took a blood  
4 test to test for a new form of hepatitis recently  
5 discovered called hepatitis C. This was positive. It  
6 is therefore likely that it has been hepatitis C which  
7 is the problem causing your liver abnormalities rather  
8 than hepatitis B. I have referred you to the liver  
9 clinic at Hairmyres Hospital to see Dr Datta to see  
10 whether any further treatment is required."

11 Do you remember your mother finding out that she had  
12 acquired Hepatitis C?

13 A. I certainly do. I remember -- I remember she actually  
14 came up to the house with my dad when I was married, and  
15 coming -- she didn't even get as far as the house, she  
16 got as far as the front garden, because we were  
17 obviously out in the garden, and she came up to me and  
18 just said, "I have just been told I'm dying. I have got  
19 AIDS."

20 I said, "Don't be so silly, you have not got AIDS.  
21 What are you talking about?" That's how she took the  
22 news because she didn't know what Hepatitis C was, none  
23 of us did really. I remember that very clearly. I can  
24 see her in my head just now standing there telling me  
25 that.



1 Q. Do you think this was at the time in May/June 1996 --

2 A. Quite probably. I can't remember if it was after

3 receiving the letter or whether she had been to the

4 doctor and been told or what, but it will have been

5 around about the same time. That's how my mother took

6 things. She kind of -- I don't know, went a little bit

7 further than everybody else.

8 Q. Right. Dr Datta saw her firstly at his clinic on

9 26 June 1996. The reference for that is WIT0050120.

10 This is a letter from Dr Datta to your mother's GP,

11 dated 3 July 1996. It records your mother's history.

12 It notes that he has repeated her blood tests. Over the

13 page at 0121, it says that he has sent her blood off for

14 further tests and the results will follow:

15 "She will certainly need repeat liver biopsy and

16 I will arrange that before I decide any specific

17 therapy."

18 Did any of your family go to your mother's

19 appointments with her?

20 A. My dad went with her every time. She couldn't get to

21 places on her own anyway, so he had to take her.

22 Q. So he took her?

23 A. When he could because it was very difficult for him to

24 get time off work, so I think they tried to arrange

25 things around about when my dad could take her.

1 Q. Right. Where were you living at the time that your  
2 mother was diagnosed with Hepatitis C? Were you nearby?

3 A. Yes, I was just kind of, I suppose a 15-minute walk away  
4 from where they stayed.

5 Q. So did you see your mother quite regularly?

6 A. I saw my parents probably six out of seven days, all the  
7 time.

8 Q. Right. And at this time, when you found out she had  
9 Hepatitis C, did you feel that she was suffering any  
10 symptoms of the Hepatitis C virus?

11 A. Well, we didn't know what the symptoms of Hepatitis C  
12 were, so that wasn't until later on, when we discovered  
13 what they were, that everything that we knew or we took  
14 as being my mum as a normal person was the Hepatitis C  
15 obviously. It was all -- you know, she had various mood  
16 swings and she was constantly tired and she was --  
17 I hate to say, she was actually classed as  
18 a hypochondriac and she was the joke of the family.  
19 Everybody laughed at her and nobody obviously knew until  
20 later that it was obviously her illness. Nobody knew  
21 she was ill. We just took that to be, that's what she  
22 is like.

23 Q. In what way did people think she was a hypochondriac?

24 A. She was always in her bed. She was always ill. She was  
25 always at the doctor's. She was always complaining of

1 being sore, of being tired, of being sick.

2 Latterly, not long before my dad died, there was  
3 a family engagement and it was a family member through  
4 marriage had come up to my mum, and everybody laughed  
5 behind her back because the first thing he said to her  
6 was, "How are you doing? Are you well now?" And  
7 everybody knew that was him being not very nice. And  
8 she said, "Oh, I'm fine, I'm doing all right now". And  
9 that was just everybody laughing at her because she was  
10 always ill.

11 I can't remember a time of her being anything other  
12 than in bed. She was in bed when I got married and  
13 I had my hen do. She was in bed upstairs while  
14 everybody was downstairs, and everybody took that to be  
15 she wanted to be centre of attention, and everybody  
16 laughed at her. At the time we didn't know any better.  
17 We just thought that's what she was like.

18 Q. At the time that your mother was diagnosed with  
19 Hepatitis C in 1996, was she offered any counselling at  
20 that time about --

21 A. Not a thing. We didn't know what it was and they didn't  
22 really know much about it, so they were left to get on  
23 with it.

24 Q. Subsequently, in August 1996, as you will have seen from  
25 the medical records, your mother was referred to

1 a gynaecologist in respect of abdominal discomfort and  
2 swelling, and she subsequently had a right ovarian cyst  
3 removed on 10 September 1996, and the reference for that  
4 is WIT0050128, although I don't propose to look at it.

5 Your mother was reviewed again by Dr Datta  
6 in February 1997, and the record of that is  
7 WIT0050137. This is a letter from Dr Datta to your  
8 mother's GP; noting the results of her latest liver  
9 function tests and saying that he has considered the  
10 question of liver biopsy and does not think that it is  
11 absolutely necessary at this stage. He has reconsidered  
12 the question of interferon therapy but looking at her  
13 liver function, he is not in a hurry because in the near  
14 future he states:

15 "We will have the results of a combination drug  
16 trial of interferon and ribavirin which may give  
17 a better result."

18 And the plan is to review your mother again in his  
19 clinic in four months' time.

20 A. Yes.

21 Q. The next month, March 1997, your mother was referred to  
22 a rheumatologist in respect of joint pains, and the  
23 reference is WIT0050139. This is a letter from your  
24 mother's GP to Dr Zoma. It notes in paragraph 2:

25 "For some time she has been complaining of

1 increasing joint pains affecting her shoulders, arms,  
2 hands and knees. She has not noticed any joint swelling"  
3 or redness of the skin.

4 The notes of your mother's attendance at the  
5 rheumatologist are WIT0050142. These are handwritten  
6 notes of your mother's attendance at Dr Zoma's clinic,  
7 dated 2 June 1997, and under the heading "History of  
8 Presenting Complaints", it records:

9 "Generalised aches and pains/cervical spondylosis  
10 for many years. Now complaining of generalised pains  
11 involving neck, shoulders, elbows, hands, hips, knees,  
12 feet. No swelling."

13 It looks like your mother is finding dressing and  
14 bathing difficult and walking slow and uncomfortable.  
15 Do you remember your mother suffering from these aches  
16 and pains?

17 A. Yes, most certainly. Again, it was just -- we always  
18 remember her as being always complaining. She couldn't  
19 walk very far at all, and my dad managed to get her  
20 a carry (sic) to take her even to the little shop across  
21 the road. She couldn't walk very far at all. She would  
22 always be sore, and if she did, she would end up in bed  
23 at the end of the day.

24 Q. If we turn to WIT0050140, this is the letter from  
25 Dr Zoma to your mother's GP, dated 2 June 1997,

1 following that appointment. It records at the top under

2 "Diagnosis":

3 "?? evolving inflammatory arthropathy - ? -  
4 relationship to 1."

5 1 being Hepatitis C infection. It's noted that  
6 there is very little doubt that your mother has evidence  
7 of chronic liver disease. If we move over to the next  
8 page, 0141, he notes:

9 "The overall picture is suggestive of an evolving  
10 inflammatory arthropathy... one would wonder about this  
11 relating to her established active hepatitis."

12 A. Yes.

13 Q. "I gather Dr Datta is contemplating further treatment  
14 for her Hepatitis C, either with interferon or an  
15 alternative treatment. I will be reviewing [her] notes and  
16 I will discuss with Dr Datta the possibility of trying her  
17 on a small dose of an anti-inflammatory if her liver  
18 functions would permit that."

19 He plans to review her again in eight weeks' time.  
20 What follows then, as you may have noticed from your  
21 mother's medical records, is some correspondence between  
22 Dr Zoma and Dr Datta, in relation to what medications  
23 your mother could safely be prescribed for her joint  
24 pains, having regard to her Hepatitis C infection and  
25 the prospect of treatment. And so this was obviously

1 a complicating factor --

2 A. Yes.

3 Q. -- in her treatment for these joint pains.

4 In November 1997, your mother was referred to  
5 Dr Morris for treatment in respect of her Hepatitis C.  
6 The referral letter for that is WIT0050149. This is  
7 a letter from Dr Platts, medical SHO, to Dr Datta to  
8 Dr Morris, dated 5 November 1997:

9 "I would be grateful if you can take over the care  
10 of the above patient."

11 He describes your mother's history and notes:

12 "She has not had many problems due to this however  
13 her liver function tests have always been mildly deranged...  
14 As Dr Datta who has been keeping an eye on her, is  
15 retiring, he felt it might be worthwhile getting this  
16 lady followed up by yourself. Although Dr Datta felt  
17 that a liver biopsy at this stage would be worthwhile,  
18 we have not arranged this for Hairmyres Hospital as this  
19 patient will come under your care and we thought that  
20 you should make the final decision."

21 If we scroll to the top of the letter, you will see  
22 that there are handwritten notes on that, which look  
23 like the notes that the person who has received this  
24 letter has made, and it notes:

25 "Mgt Neilson - pre assess ..."

1            "Mgt Neilson", but we know that that was the name of  
2            the specialist nurse in Dr Morris's clinic.

3            A. That's right.

4            Q. "Pre-assess ..."

5            I think that might be "ultrasound clinic", then:

6            "New liver clinic, Monday pm, J Morris."

7            And it's noted down the side:

8            "Dr Morris, liver clinic."

9            Following that letter, your mother attended the  
10           nurse-led clinic of Dr Morris's clinic on  
11           4 December 1997. The reference for that is  
12           WIT0050079. As you will see from the bottom  
13           right-hand corner of this entry, it appears it's written  
14           by Margaret Neilson. It's dated 4 December 1997:

15           "Liver Assessment Clinic. Hepatitis C discussed at  
16           length. Concerned re possibility of liver biopsy.  
17           Advised to wait to see if liver biopsy was necessary and  
18           discuss with Dr Morris. Scan arranged Liver Clinic  
19           19/2/98."

20           Date is recorded there as 19 February 1998. I think  
21           that maybe should have been January 1998. The Inquiry  
22           has information from Margaret Neilson, that clinical  
23           nurse specialist, that these were standard appointments  
24           for new patients in Dr Morris's clinic and it was usual  
25           practice for such a new patient to see a clinical nurse



1 specialist before seeing a consultant. The aim of the  
2 clinic was to help the patient put Hepatitis C into  
3 personal perspective and to give patients more  
4 information about the virus, and offer patients support.

5 The appointment time scheduled for such clinical  
6 appointments was about 45 minutes per patient.

7 I'm just being referred to a medical record, sir,  
8 which is not in court book but it notes that on that  
9 date, information booklets were provided to your mother  
10 about the virus and your mother was given information  
11 about a support group and contact numbers.

12 A. That's news. It's the first I have heard about that.  
13 Certainly if she was given that, it has never been  
14 passed on to anybody else.

15 Q. Do you think that's an appointment your father would  
16 have gone to with your mother?

17 A. I would be very surprised if he didn't because my mum  
18 couldn't get into Glasgow on her own and if my dad did  
19 get anything like that, he would have come to myself and  
20 my brother -- I'm sorry, I'm very surprised at that,  
21 that they have been given anything at all because even  
22 my dad would have said that they had something. And if  
23 they have had it in the house, they certainly never  
24 showed it to anyone, which surprises me because I was  
25 down there all the time, and at that point I had had my

1 son and they were actually looking after him for me.

2 Q. I think if Dr Morris and Margaret Neilson were here,  
3 they would say that these notes record what happened at  
4 these meetings.

5 A. I'm not doubting that at all, I'm just completely  
6 surprised.

7 Q. It's a surprise to you?

8 A. Yes, complete.

9 Q. Your mother's first appointment with Dr Morris was on  
10 19 January 1998 and the reference for this is  
11 WIT0050155. In fact your mother wasn't seen by  
12 Dr Morris at this appointment; she was seen by the  
13 specialist registrar, K Menon, who writes to Dr Platts  
14 in a letter dated 25 January 1998. It records your  
15 mother's history, the findings on examination. Your  
16 mother has spider naevia on both arms and a rash on the  
17 upper parts of your mother's arms.

18 A. Yes.

19 Q. It records your mother's liver function test results and  
20 it records an unusual finding from the ultrasound of  
21 your mother's abdomen, which was carried out between the  
22 nurse specialist clinic and this appointment, in that  
23 multiple gallstones are seen, but that's unusual since  
24 your mother's gall bladder had been removed before.

25 Could we move over to the second page, please?

1 THE CHAIRMAN: The letter rather suggests that there has  
2 been a confusion and that it's someone else's results  
3 that are being referred to.

4 MS PATRICK: Yes, I was going to come on to say that in fact  
5 it was discovered that your mother was quite unique and  
6 had two gall bladders.

7 A. She did.

8 THE CHAIRMAN: It doesn't sound as if that's necessarily an  
9 advantage in life, does it? It just means you get  
10 gallstones twice.

11 A. That's right. Not good.

12 THE CHAIRMAN: Goodness.

13 MS PATRICK: Right. Back to this appointment. The  
14 possibility of a liver biopsy was discussed at this time  
15 with your mother but she is really not keen on this at  
16 the moment and the plan is to see her back in the clinic  
17 in four to six weeks' time.

18 What followed was understandably some investigation  
19 about your mother's gall bladder situation, and I think  
20 it has caused a bit of scratching of heads, and I think  
21 it did cause your mother some concern, that she might  
22 have had an operation which she thought did one thing  
23 and might not have served the purpose it was supposed  
24 to.

25 So in fact for your mother I think it was a bit of

1 a difficult time and she did have to go through some  
2 further investigations to establish that it was in fact  
3 a second gall bladder.

4 In June 1998, your mother attended another review  
5 appointment, which is WIT0050164. In the first  
6 paragraph it notes that your mother appears a lot more  
7 reassured since she had an MRI, which has shown that she  
8 probably has a second gall bladder:

9 "She feels that she is not getting very much in the  
10 way of pain."

11 And she is quite happy to leave it alone?

12 A. Yes.

13 Q. It notes:

14 "The second issue is her Hepatitis C status. In the  
15 past she had been reluctant for a liver biopsy as she  
16 was unsure of the risks involved. I have explained to  
17 her that there is a risk of bleeding and even death but  
18 this is reasonably low in a patient who is well and  
19 that the test could be done under ultrasound guidance  
20 if she wished it given that she has multiple adhesions.  
21 She is agreeable to proceed to this."

22 And it's planned to arrange that in the near future.  
23 If we turn to WIT0050167. This is the report, the  
24 histology report, dated 16 June 1998, in respect of  
25 a liver biopsy taken on 8 June 1998 from your mother.

1 At the bottom it records:

2 "The overall appearances are entirely consistent  
3 with a hepatitis C related chronic active hepatitis."

4 I think I'm right in saying that it suggests  
5 features of chronic liver disease and fibrosis but stops  
6 short of actual cirrhosis.

7 PROFESSOR JAMES: We know she had cirrhosis because of the  
8 previous liver biopsy and just in passing, it seems that  
9 there may have been a miscommunication so that --

10 MS PATRICK: Cirrhosis isn't specifically mentioned in this.

11 PROFESSOR JAMES: Bridie's mother never knew she had had a  
12 liver biopsy before because it was done while she was  
13 under an anaesthetic for the laparoscopic  
14 cholecystectomy. Unfortunately, the fact that she had  
15 had the liver biopsy and the result of the liver biopsy,  
16 which already showed she had cirrhosis, was not  
17 communicated when she was referred on Dr Datta's  
18 retirement to the Glasgow Royal Infirmary.

19 So these things happen but actually this was really  
20 not very necessary, this biopsy. But we know she had  
21 cirrhosis at the time of that first biopsy. It's well  
22 described and it's well recorded.

23 THE CHAIRMAN: Could I ask what the significance is of the  
24 comment that it's sub-optimal for examination by  
25 microscopy and that it's a "naked eye" --

1 PROFESSOR JAMES: What happened was that they should have  
2 put it in preservative immediately -- in formalin --  
3 immediately after taking the biopsy, and for some reason  
4 it says here:  
5 It "was received fresh more than 24 hours following  
6 biopsy."  
7 Which means that it will have dried a little bit,  
8 and so that makes the histological examination under the  
9 microscope a little bit more difficult.  
10 THE CHAIRMAN: Could that have had a significance in the  
11 failure to note cirrhosis?  
12 PROFESSOR JAMES: No, I don't think so. Indeed, here it  
13 says:  
14 "a suggestion of nodularity."  
15 And, as we have noted in other parts of the Inquiry,  
16 liver biopsies from different parts of the liver can  
17 show different things. There is a tremendous sampling  
18 variation.  
19 THE CHAIRMAN: Do you follow that?  
20 A. I do, yes. Thanks.  
21 MS PATRICK: I was going to take you back briefly to your  
22 mother's difficulty with her joint pains and refer you  
23 to a letter about this, WIT0050177, which is a letter  
24 from Nabil Mormesh to your mother's GP, dated  
25 16 December 1998. It's just to get a picture of how

1 your mother is feeling at this point:

2 "her main symptoms are related to prolonged morning  
3 stiffness and joint pain, almost all her joints are  
4 involved especially her knees, shoulders and hands.  
5 Her morning stiffness is prolonged. Her anti-rheumatic  
6 treatment is postponed because she is going to have  
7 Interferon Treatment. I gather Dr Zoma and Dr Morris  
8 have agreed that a small dose of oral prednisolone  
9 can be started for her symptoms."

10 So your mother was able to start on that medication.  
11 Did the medication she received help her in respect  
12 of her joint pains?

13 A. Personally I don't think it did. She probably was the  
14 only person who really could answer that, to be truthful  
15 with you. All I can remember is that she was always  
16 sore, regardless of what medication she was on.

17 Q. Your brother tells us in paragraph 13 of the statement  
18 at page 4, which is 0009, that your mother's liver  
19 treatment started in 1999, and at that time your mother  
20 started treatment with interferon and ribavirin and this  
21 was as part of a study being carried out at the  
22 hospital.

23 A. That's right.

24 Q. And we have the record of that at WIT0050178. This is  
25 a patient consent form signed by your mother, dated

1 8 March 1999, in respect of "Viraferon plus ribavirin for  
2 the treatment of chronic Hepatitis C." It records:

3 "1. I have been given a copy of the patient  
4 information sheet and have received an explanation of  
5 the nature, purpose, duration and foreseeable effects of  
6 the study, also what I will be expected to do if I agree  
7 to participate.

8 "2. I have had an opportunity to discuss this study  
9 and ask questions.

10 "3. I have received satisfactory answers to all my  
11 questions.

12 "4. I have received enough information about the  
13 study.

14 "5. I understand that I am free to withdraw from the  
15 study:

16 "At any time

17 "without having to give reasons

18 "and without affecting my future medical care."

19 How did your mother feel about starting treatment?

20 A. I think she was looking forward to it and dreading it at  
21 the same time. I have got a vague memory of my mum  
22 having to -- I don't know if it was like a needle-type  
23 thing that she had to do herself. I don't know if that  
24 was just the same thing, it has just jumped into my  
25 head. She was never keen on needles. I just know that



1           there was something kind of strange about that, but  
2           given that she was wanting to do something to help get  
3           rid of it, I'm pretty sure she was looking forward to  
4           any treatment at all to make her feel better.

5   Q.   Yes.  Can you remember how she was feeling at the time  
6           she started her treatment?

7   A.   I don't remember much about that particular -- how she  
8           was.  So ... sorry, it's a long time ago.

9   Q.   A letter WIT0050179 from Dr Morris to your mother's  
10          GP, dated 9 March 1999, records that your mother has  
11          been prescribed this treatment and the dosage of  
12          interferon, which is 6 million units three times per  
13          week, as you have remembered, by injection.  Ribavirin,  
14          1,000 milligrammes daily orally.  It's noted that your  
15          mother will have been taught to administer her  
16          injections.

17  A.   That's obviously the memory I have in my head.

18  Q.   I think the Inquiry has information that your mother  
19          found it quite difficult sometimes to inject herself  
20          because of her joint pains?

21  A.   Yes, I think, if I remember correctly, I think my dad  
22          probably did most of it and I think it was in her leg  
23          for some reason.  I don't know if that's a correct  
24          memory or not but I think my dad probably did it more  
25          than she did.

1 Q. Yes. And it notes that:

2 "Interferon is generally well tolerated with few  
3 side effects, the most common of these being flu-like  
4 symptoms, headaches, loss of appetite and general  
5 lethargy."

6 Which obviously your mother was already experiencing  
7 in any event?

8 A. Yes.

9 Q. "Patients are advised to take paracetamol prior to the  
10 Interferon if experiencing any side effects. In the  
11 majority of patients, Interferon is tolerated better if  
12 administered 2-3 hours before bed time. Ribavarin  
13 may cause a drop in haemoglobin. We will write to you  
14 again when the results of the 12 week RNA result is  
15 available, as this will select patients who continue  
16 treatment."

17 If we turn to WIT0050082, these are notes taken,  
18 I think, at nurse-led clinic appointments for your  
19 mother after the start of treatment. As you will see,  
20 they are handwritten again by Margaret Neilson, the  
21 specialist nurse, and they describe how your mum felt  
22 after she started the treatment.

23 And from the entry dated 15 March 1999, completed  
24 one week's treatment -- I'm not sure if that's "No  
25 symptoms following first few injections", because the

1 first part of the notes has been cut off but it's  
2 noted your mother is suffering general fatigue, sore  
3 bones, her mobility is affected and she has a dull  
4 headache, which is relieved with paracetamol and she is  
5 irritable and emotional.

6 She returns again a week later, which will be  
7 22 March 1999, and it's noted that she is suffering from  
8 general fatigue, sore bones, general aches and pains,  
9 dull headache.

10 If we move over to the next page, 0083,  
11 29 March 1999, your mother has now completed three weeks  
12 of treatment. She is noted as suffering general  
13 fatigue, loss of appetite, has lost four pounds, nausea,  
14 tearful and irritable. Arthritis and general fatigue  
15 causing reduced mobility.

16 PROFESSOR JAMES: Haemoglobin.

17 MS PATRICK: Haemoglobin is reduced.

18 PROFESSOR JAMES: 4 grammes in three weeks. Quite a lot.

19 MS PATRICK: Thank you.

20 And skin rash on arms and trunk. At that point your  
21 mother's dose of ribavirin is reduced to 600  
22 milligrammes daily. If we scroll down to the next  
23 appointment, which is on 8 April 1999, it's noted that  
24 your mother initially felt better on a reduced dose.  
25 She stopped ribavirin for a few days, felt better.

1 General fatigue, nausea, sleeplessness, struggling to  
2 cope with treatment. I'm not sure if that's Dr Morris or  
3 Dr Mackie, consulted and it's suggested that your mother  
4 tries stopping ribavirin for one week, and in fact at  
5 that point your mother did stop ribavirin and she  
6 continued her treatment with interferon on its  
7 own.

8 Turn to WIT0050071. This is a blood test result  
9 dated 18 June 1999, and it's handwritten on it:

10 "Following 12 weeks interferon monotherapy [your  
11 mother's] PCR is negative."

12 So it's showing at that point that there is no trace  
13 of virus in her blood. Which must have been a hopeful  
14 time for your mother?

15 A. I was just thinking, she must have been told that,  
16 I would assume.

17 Q. Yes. Did you know that at that stage --

18 A. I didn't. That's the first I have seen that.

19 Q. Subsequently your mother's dose of interferon had to be  
20 reduced, as your mother's platelet count fell. The  
21 reference for that, although I don't propose to look at  
22 it, is WIT0050181.

23 The medical records show that throughout the  
24 treatment your mother continued to suffer fatigue and  
25 sleep disturbance.

1 A. Yes.

2 Q. Are you aware of any other side effects your mother  
3 suffered from during that time?

4 A. Not really. I mean, I just know that she -- her days  
5 and her nights were turned round about and she was just  
6 like -- again, as always, she was always sore. I know  
7 she was looking after my son at that point while I was  
8 at work. So I have to admit, like everybody else, you  
9 tended to listen to my mum and it went in one ear and  
10 out the other, because you got to a stage where you got  
11 fed up hearing it. So ... I know it's terrible but ...

12 Q. Your mother eventually finished her interferon treatment  
13 on 14 February 2000, and at that time her PCR test was  
14 negative. The reference for that is WIT0050067. It's  
15 dated 1 March 2000, handwritten again:

16 "End of 48 weeks' treatment. HCV PCR negative."  
17 And it's noted down the left-hand side:  
18 "Patient continues to be HCV PCR negative."

19 THE CHAIRMAN: Time for a break. This is a good time to  
20 have a break.

21 (10.56 am)

22 (Short break)

23 (11.24 am)

24 THE CHAIRMAN: Yes, Ms Patrick? Bridie, if you feel,  
25 uncomfortable just say.

1 A. Thanks very much. That's kind.

2 MS PATRICK: Bridie, before the break, we had been looking  
3 at the test result in respect of your mum's Hepatitis C  
4 virus at the end of her treatment, and this was  
5 negative. It's not entirely clear from the notes  
6 whether this information was relayed to your mother. So  
7 there is a possibility, particularly as this was part of  
8 a trial, that this information might not have been  
9 relayed to her at that time.

10 A. Okay.

11 Q. What we do know is that unfortunately the test became  
12 positive again when she was retested six months after  
13 therapy, and I would like you, please, to look at  
14 WIT0050189. This is a letter from C Evans, research  
15 fellow, to your mother's GP, dated 21 September 2000.  
16 It's noted under "Diagnosis" under 1:

17 "Hepatitis C -- non-sustained responder to Alpha  
18 Interferon."

19 Secondly, her diagnosis with rheumatoid arthritis.

20 It's noted that she was reviewed at the clinic on  
21 behalf of Dr Morris and that your father attended that  
22 appointment with her:

23 "Her Hep C PCR was positive six months post  
24 treatment, and I discussed this with her today in the  
25 presence of Sister Neilson."

1           So Sister Neilson, who had been monitoring your  
2           mother and reviewing her regularly throughout her  
3           treatment.

4   A.   Yes.

5   Q.   "[Your mother] had a tearful reaction to the news but we  
6           stressed the importance of remaining positive."

7           It was planned to review her again in six months'  
8           time and in the meantime she was going to go on holiday  
9           to Benidorm:

10            "She plans to see Sister Neilson on her return."

11           After treatment the medical records show that your  
12           mother continued to attend the hospital for monitoring  
13           of her condition, and this was basically blood tests,  
14           and she continued to attend Dr Zoma's clinic in respect  
15           of her rheumatoid arthritis. There was still liaising  
16           between the two different services about treatment for  
17           your mother's arthritis, which was continuing to cause  
18           her discomfort and was disturbing her sleep.

19   A.   Yes.

20   Q.   In paragraph 15 of the statement, which is page 5, 0010,  
21           it's recorded that your mother asked about further  
22           treatment, and it was certainly something that your  
23           mother discussed on occasion when she went to her clinic  
24           appointments:

25           The medical records show that there was a time in

1           2002 when your mother saw a more junior doctor at  
2           a clinic appointment, who suggested further treatment to  
3           her. She subsequently saw Dr Morris, WIT0050202.  
4           This was at a liver clinic appointment on 28 July 2003,  
5           and this is a letter from Dr Morris to your mother's GP.  
6           It's recorded that he reviewed your mother in the liver  
7           clinic:

8                   "Clinically there was no signs on physical  
9                   examination to suggest hepatic decompensation.  
10           I had a detailed conversation with [your mother] today  
11           about some information that she has received at recent  
12           consultations regarding the possibility of re-treatment.  
13           It is my opinion and that of our nurse specialist,  
14           Margaret Neilson, that she should not be reconsidered for  
15           treatment of combination Interferon and Ribavirin  
16           because of the marked side effects that she experienced  
17           when this was tried initially."

18                   They are going to continue with long-term follow-up.

19                   In July 2004, WIT0050208, at this appointment your  
20           mother was seen by senior house officer  
21           Collette Hastings, and this is a letter from  
22           Collette Hastings to your mother's GP, dated  
23           21 July 2004. It's recorded that once again she has  
24           been reviewed and your father is at this appointment:

25                   "... she remains asymptomatic from her Hepatitis C.



1 an ultrasound of her abdomen was performed in May 2004  
2 and this was normal. Recent liver function tests showed  
3 overall slight improvement and AFP remains normal."

4 Once again your mother was asking about pegylated  
5 interferon:

6 "... and I explained to her that she has been considered  
7 considered in the past for repeat therapy and it was  
8 decided that this would not be in her best interest."

9 Could we turn, please, to WIT0050215? This is  
10 a letter dated 18 January 2005 from Margaret Neilson,  
11 the clinical nurse specialist, to your mother's GP. She  
12 saw your mother at the liver clinic that day.

13 Your mother tells her that she is generally well  
14 with increasing fatigue. It's noted that she is  
15 attending the renal department for investigation of  
16 recent urinary tract infections and haematuria, which is  
17 blood in the urine.

18 A. Yes.

19 Q. She was also found to have high blood pressure and is  
20 now being treated for this and monitored by her GP. And  
21 once again the plan is to review her in six months'  
22 time.

23 Could I refer you next to WIT0050222? This is  
24 a letter from Dr Stanley, consultant gastroenterologist,  
25 who is now looking after your mother at this time.

1 A. Yes.

2 Q. It's dated 22 February 2006 and we can read the  
3 diagnoses at the top, which include what we have just  
4 been discussing. It is noted that your mother remains  
5 fairly well at present. She has some stiffness in her  
6 shoulders, neck and knees and remains on prednisolone  
7 and other medications. Once again it's noted that  
8 further antiviral therapy can't be offered due to the  
9 troublesome side effects of ribavirin and previous  
10 one-year interferon monotherapy.

11 Dr Stanley states he has booked an ultrasound scan  
12 and rechecked her bloods. He notes it is now seven  
13 years since your mother's last liver biopsy and there is  
14 the option of re-biopsying her at present:

15 "However, [your mother] is fairly keen to avoid this  
16 if possible and I think it reasonable to await the  
17 ultrasound and bloods before deciding on this course of  
18 action."

19 Did your mother tell you what it had been like when  
20 she had the liver biopsy carried out?

21 A. All I can remember her saying was that because she was  
22 scared of hospitals, she just didn't like to be -- it  
23 was sore. I honestly can't remember her saying much  
24 other than that.

25 Q. The blood test results taken at that appointment showed

1 a slightly deterioration and this is shown in  
2 WIT0050223. This is a letter once again from  
3 Dr Stanley to your mother's GP, dated 13 March 2006.  
4 It's noted there that she is still awaiting the  
5 ultrasound scan. That was carried out in May 2006.  
6 If we look at WIT0050225, this is a letter from  
7 H Lafferty, SHO, to your mother's GP, dated  
8 4 August 2006. It records that he has seen your mother  
9 for review in Dr Stanley's liver clinic today:

10 "We now have the results of her most recent liver  
11 ultrasound. This was carried out in May this year and  
12 is reported as showing liver cirrhosis. Looking at her  
13 blood tests, these would be in keeping with this... I  
14 have discussed this result with her today and spoke to her  
15 about the possibility of a liver biopsy, to clarify  
16 whether or not she is indeed cirrhotic. She is really  
17 not keen for a liver biopsy and said she would only  
18 consider this if she had a general anaesthetic - which is  
19 really not an option. We therefore think the pragmatic  
20 approach would be to assume that she is cirrhotic and to  
21 screen her for varices and HCC."

22 Which is hepatocellular carcinoma:

23 "... on this assumption. This was also discussed  
24 with her today."

25 So the plan is that your mother will attend for an

1 endoscopy and another ultrasound in December.

2 Can we turn to WIT0050226? This is a Gastroscopy  
3 Report dated 28 September 2006. In the general comments  
4 at the bottom:

5 "Very anxious and tolerated poorly due to this."

6 So this was obviously a difficult procedure for your  
7 mother to undergo.

8 A. Yes.

9 Q. Four varices were found. But there was no stigmata of  
10 bleeding. At a review appointment with Dr Stanley  
11 in February 2007 -- I don't propose to look at it but  
12 the reference for it is WIT0050227 -- your mother was  
13 prescribed medication for the varices and it was noted  
14 that her alphafetoprotein level had risen slightly to  
15 eight?

16 PROFESSOR JAMES: That's not significant.

17 MS PATRICK: And an ultrasound was arranged. WIT0050229  
18 is the result of this ultrasound contained in a letter  
19 from Dr Stanley to your mother's GP, dated 30 May 2007.  
20 It revealed possible cirrhosis, with benign small cysts  
21 on the left lobe of the liver, with no ascites or  
22 varices but splenomegaly, and no evidence of an  
23 underlying hepatoma.

24 In paragraph 18 of the statement ending 0012.

25 Around this time your father died, sadly very suddenly,

1           and this had quite an impact on you.

2    A.   It certainly did.

3    Q.   You record that he was your mother's main carer and

4           following his death one of you became your mother's

5           principal carer. Was that you?

6    A.   That was myself.

7    Q.   So you became your mother's principal carer whilst

8           trying to hold down a full-time job and look after your

9           son.

10   A.   Yes. Difficult.

11   Q.   At that point what sort of things did you need to do for

12           your mother?

13   A.   To be truthful with you, I probably would have been

14           easier moving in with her. She -- obviously I had to

15           take her to and from hospitals and doctor appointments.

16           She couldn't do her shopping on her own, so I had to

17           collect her, do her shopping with her. And she couldn't

18           carry anything on her own. She couldn't actually get

19           into the bath and out of the bath. So I had to arrange

20           my time when she needed a bath to actually be in the

21           house to make sure she could get herself organised that

22           way. And I was on 24-hour call almost, just simple

23           things. I think about the only thing she could do was

24           get herself almost dressed and cook herself a bit of

25           dinner. Everything else was me.

1 Q. Yes. And it's recorded that you could receive numerous  
2 phone calls from her throughout the night and daytime as  
3 well.

4 A. Yes.

5 Q. And this made you realise what your father had been  
6 going through --

7 A. Yes.

8 Q. -- in the last years of his life.

9 A. However many years, yes. I don't know how he did it.

10 PROFESSOR JAMES: Could I ask you, was your mum wakeful at  
11 night and dozy during the day?

12 A. Yes, she always tended to, mid-afternoon, be lying on  
13 the couch with a little blanket because she was up  
14 during the night.

15 PROFESSOR JAMES: That's a sign of early hepatic  
16 encephalopathy that Bridie's brother refers to in this  
17 paragraph 18. It would have made Bridie's life that  
18 much worse because obviously her mum was feeling active  
19 at a time when she should have been sleeping.

20 A. Yes.

21 MS PATRICK: You describe mood swings as well. Were they  
22 occurring at that time?

23 A. They were actually always there. But they got worse  
24 from probably about that time onwards.

25 Q. Right.

1 A. We had some nicknames for her. We don't want to go  
2 there, though. We had Mrs Chirpy and various other  
3 things.

4 Q. Yes. And in paragraph 17 of the statement, which is on  
5 page 0011, you tell us the impact of your mother's  
6 illness on your father. Your father stopped working  
7 in March 1998 --

8 A. That's right, yes.

9 Q. -- to look after your mother.

10 A. Yes.

11 Q. So the reason he stopped working was because of the care  
12 that she needed.

13 A. He was unemployed previous to that anyway but they were  
14 obviously trying to get him to get another job, and he  
15 made a decision that there was no way he could go back  
16 to work anyway and he needed to look after her because she  
17 was increasingly getting worse.

18 Q. And in paragraph 17 you state that your father was  
19 depressed because his life and career were taken from  
20 him due to your mother's illness.

21 A. Yes.

22 Q. He lost contact with his work mates.

23 A. Yes.

24 Q. He was an active union man with a deep love of politics.

25 A. Yes.

1 Q. And before your mother became ill, he had lived life to  
2 the full with an interest in junior football and local  
3 pool leagues?

4 A. Yes, pool champion.

5 Q. He was very successful, you tell us, and skilled at both  
6 of these and won numerous awards and trophies. You say  
7 that he was the focal point of your immediate and  
8 extended family.

9 A. Most definitely, yes.

10 Q. You say that despite such happy times, he eventually  
11 became a virtual recluse.

12 A. Hm-mm.

13 Q. He stopped socialising, he stopped playing sports and  
14 going to his local pub and he stopped seeing friends  
15 he had known for years.

16 A. For years, yes.

17 Q. He stopped playing pool and withdrew from competitions  
18 and stopped going to watch junior football at weekends.  
19 He was a deeply private person. I take it this is all  
20 your views, that your mother's illness changed the last  
21 years of their marriage?

22 A. Yes.

23 Q. Your sister -- is this you or is this your other sister  
24 remembering your father breaking down --

25 A. That was my sister.



1 Q. It was your sister:  
2 She remembers one occasion when she was visiting,  
3 your father breaking down in tears after your mother  
4 went to bed because he was so worried about her. You  
5 don't know if the risk of sexual transmission was  
6 discussed with your father. Your sister -- I don't know  
7 if this is you again or your other sister -- told your  
8 brother in 2006.

9 A. That was me because I was actually living with my  
10 parents for six months at that time.

11 Q. So your mother confided in you --

12 A. Yes.

13 Q. -- that she had been advised to cease sexual relations  
14 with your father after diagnosis and therefore their  
15 close physical relationship ended at that time.

16 A. Yes.

17 Q. They had been together since your mother was 15 years  
18 old and were lifetime soulmates. And you say this  
19 affected them profoundly and on a level that you do not  
20 think you will ever be able to understand.

21 A. No.

22 Q. If we turn, please, to WIT0050234, this is a letter  
23 from S Paterson, specialist registrar, to your mother's  
24 GP, dated 4 March 2008. It notes that your mother "was  
25 reviewed urgently in the clinic today" as her recent

1           alphafetoprotein, when measured in February 2008, was  
2           26. "This is obviously raised." At that time it's noted  
3           your mother had lost weight, which was perhaps linked to  
4           your father's death.

5   A. Yes, she wasn't eating at that point.

6   Q. And it's considered that it's worthwhile organising  
7           a triple phase CT scan to evaluate for HCC. You will  
8           note the handwritten note at the bottom right, which is  
9           noted on 23 September 2008 and says:

10                 "Claustrophobic (therefore ran out of room)."

11                 That is in fact what happened?

12   A. She did.

13   Q. She did?

14   A. I have never seen her move so fast in my life.

15   Q. We have a report on that, which is WIT0050235, which  
16           is dated 28 March 2008, and your mother was due to  
17           undergo a CT scan of the abdomen. It records:

18                 "Unfortunately your patient was too afraid to  
19                 undergo CT that she left the department."

20                 If we look, please, at WIT0050236, this is  
21           a letter from the specialist registrar to your mother's  
22           GP, dated 30 April 2008, and records that your mother  
23           was too frightened to carry on with the CT scan. "She  
24           did, however, have an ultrasound scan at the start  
25           of March, which had shown that the extra-hepatic biliary

1 tree was essentially normal. The liver appeared  
2 cirrhotic" and there was no evidence of  
3 ascites/splenomegaly and the plan is to review your  
4 mother back in the clinic.

5 They are saying obviously that it would have been  
6 ideal if they could have received the results of the CT  
7 scan first.

8 Your mother was then reviewed in the clinic on  
9 1 September 2008, and the record of this is  
10 WIT0050238. If we look over the page at 0239, we will  
11 see that this is a letter from Stephen Barclay,  
12 specialist registrar, to your mother's GP, dated  
13 12 September 2008. It's noted that your mother has been  
14 reviewed:

15 "I was pleased to hear that she is keeping well and  
16 her weight, which dropped sharply following the death of  
17 her husband, has continued to increase. She has no  
18 symptoms or signs of hepatic decompensation and an  
19 overall clinical picture is reassuring. There is,  
20 however, the issue of her raised alphafetoprotein, which  
21 was 26 in February... I have discussed with her that the  
22 modern scanners are a lot more open and her fears of  
23 being completely enclosed are unfounded. Her daughter  
24 ..."

25 Was this you attending this appointment with her?

1 A. Yes.

2 Q. "... asked if it would be possible to see the new  
3 scanner before going for such a scan and I agree that  
4 this is a sensible suggestion... In the interim I will  
5 arrange a repeat ultrasound."

6 So did you get a chance to have a look?

7 A. Yes, we did. We got in and she had a look at it and  
8 I think eventually finally actually got to get the scan  
9 done.

10 Q. Yes. There was another appointment before the CT scan  
11 was carried out and this was on 23 September 2008,  
12 WIT0050243. And once again, this is a letter from  
13 Dr Stanley to your mother's GP, dated 6 October 2008.

14 A. Hm-mm.

15 Q. There is a mention of a daughter here. Was that you?

16 A. Yes, it was myself. But nobody every mentioned  
17 a suspicion of any cancer.

18 Q. Right.

19 A. So it might have been in his head but it didn't come out  
20 his mouth to us.

21 Q. Right. Well, for the record, the letter states that he  
22 spoke with you and your mother and explained the  
23 suspicion of a primary liver cancer. It noted the results  
24 of her recent ultrasound scan and recent blood test  
25 results, and an urgent CT scan is booked for Friday. So

1 I think Dr Stanley would say from this that he thought  
2 he explained to you the suspicion of liver cancer but  
3 you do not think you realised at that time?

4 A. The words certainly never -- the word "cancer" or  
5 "suspicion of cancer" certainly did not come across from  
6 him to us because I would certainly remember that, and  
7 it's not something I would keep from the rest of the  
8 family. And if that had come out, I'm quite sure my  
9 mother would have been extremely upset, as she was when  
10 we were eventually told.

11 Q. Did you understand that there was a need for the CT  
12 scan?

13 A. We understood there was a need for the CT scan because  
14 if I remember right, they did say -- I think because she  
15 had missed previously ones as well and they needed her  
16 to see -- because they saw something -- I'm assuming it  
17 was something that obviously was that, and they wanted  
18 to get something done urgently.

19 Q. So you knew there was something?

20 A. We knew there was something but certainly that was never  
21 said.

22 Q. In fact your mother attended for the CT scan on  
23 26 September. That was three days later. And one of  
24 you went to the scan with her. Was that you?

25 A. Quite possibly. I went to most of them. My brother

1           went to one but I can't remember which one.

2   Q.   Your brother did go to one, yes.  I think he went to the  
3       MRI scan which followed.

4   A.   He did.

5   Q.   The results of the CT scan are WIT0050244 and 0245.

6       This is dated 26 September 2008.  It might be easier if  
7       this is just read.  (Pause)

8           If we go over the page to 0245, the conclusion:

9           "HCC with high suspicion of left ant portal vein  
10       invasion."

11          Despite that conclusion, the scan was reviewed and  
12       it was decided that it remained indeterminate, and there  
13       was a meeting at which it was reviewed and the unanimous  
14       view of those present was that your mother required  
15       an MRI scan to optimise the information that the doctors  
16       had before discussing treatment options.  Dr Stanley  
17       wrote to your mother telling her this on 6 October 2008.  
18       The reference for this is WIT0050246.  I note in the  
19       first line, he states:

20          "We have now reviewed your CT scan in the context of  
21       the discussion we had at clinic regarding the liver  
22       nodule."

23          Does that expression "liver nodule" ring a bell?

24   A.   No.

25   Q.   It then conveys the need for the MRI scan and states:

1            "I appreciate the difficulties you have tolerating  
2            these imaging procedures, but I emphasise that it is  
3            extremely important you attend and undergo the test so  
4            that we have all the information required to manage this  
5            problem."

6            It's going to be undertaken at Gartnavel Hospital.

7            In paragraph 20 of your brother's statement at  
8            page 0012, your brother states that he took your mother  
9            to Gartnavel Hospital to have the MRI scan done. Once  
10           again your mother was nervous about it because of her  
11           claustrophobia, and he wore a lead vest and stood by her  
12           side all through the scan and it was a very traumatic  
13           experience for both of them.

14           Will you bear with me a minute?

15           A. Sure.

16           Q. Sorry, I just want to go back to that letter we were  
17           looking at, 0246. When I asked you if the expression  
18           "liver nodule" sounded familiar. I wondered if it was  
19           possible that by using this expression, that was the way  
20           Dr Stanley had conveyed the news that he thought he had  
21           conveyed before then?

22           A. It quite possibly is. That doesn't mean anything to me.  
23           It's not something I could say I have heard. It's  
24           possible that he said that and I have not understood.  
25           It's possible.

1 Q. Yes, thank you.

2 PROFESSOR JAMES: That was the word that I suggested to  
3 Lord Penrose might have been used. It's a very  
4 frequently used word in those circumstances, before you  
5 are absolutely sure what the nature of the thing is.

6 MS PATRICK: Yes. So it's not made clear, "cancer".

7 PROFESSOR JAMES: They were probably 90 per cent clear what  
8 it was but it's a way that many people use of kind of  
9 introducing the subject that there is an abnormal area  
10 without at that juncture alarming people. You can argue  
11 whether that's right or wrong but that's a very  
12 frequently used way of doing it.

13 MS PATRICK: Right. We were discussing the MRI scan and the  
14 result of that is WIT0050247. It notes that your  
15 mother attended on 13 October 2008, so it's  
16 not November, as I stated from the statement,  
17 but October. I think it would be helpful if we all read  
18 that. (Pause)

19 Once again it's apparent from this that your mother  
20 found this procedure difficult and that impacted and  
21 made what they state there as a limited quality study.  
22 But the appearances are thought consistent with  
23 a diffuse-type HCC within segment 3 of the left lobe,  
24 extending into the portal vein branch.

25 It's stated in the statement in paragraph 20 that on



1           24 November 2008, Dr Stanley gave -- was it you and your  
2           mother? -- the results of this scan, which revealed that  
3           there was a growth about 3 centimetres in diameter.

4           I wonder if you could, please, look at WIT0051694.  
5           In fact this is dated 26 November 2008 and was dictated  
6           on 18 November 2008. So it might have been 18 November,  
7           rather than 24 --

8   A. Possibly.

9   Q. Possibly. This records in the first paragraph the  
10       findings and then in the second paragraph:

11           "I explained the findings to her and her daughter  
12           and that I have written to Edinburgh regarding possible  
13           review there. If surgery is not an option,  
14           chemoembolisation may be possible, depending on the  
15           severity of the portal vein involvement." Bloods were  
16           rechecked.

17           Your mother has a review appointment in 4 to 5  
18           weeks. Although, obviously Dr Stanley is awaiting word  
19           from the Scottish liver transplant unit.

20           So at this stage did you realise that --

21   A. At this stage.

22   Q. -- your mother had cancer?

23   A. No, I was with my mum in the doctor's surgery in his  
24       office, and what he said to us was that they found  
25       a 3-centimetre growth on her liver and they were sending

1 us to Edinburgh Royal because that's where the  
2 specialist was. He did say that, because of her age,  
3 she would not be able to get a transplant but they would  
4 discuss whether they would burn off the growth or cut  
5 off the growth. There was nothing mentioned about  
6 cancer, anything like that, at all.

7 Q. Okay. Then in paragraph 21 of your statement, you  
8 attended an appointment with Mr Powell in Edinburgh on  
9 23 December 2008.

10 A. Yes.

11 Q. And who went to this appointment?

12 A. Myself, my brother and my mum.

13 Q. And it was at that appointment that you say for the  
14 first time you realised that your mother had cancer of  
15 the liver.

16 A. I think Mr Powell was quite shocked because we were  
17 shocked.

18 Q. You tell us in paragraph 21 that your mother cried and  
19 was inconsolable and that she had not realised how  
20 severe and advanced her liver disease was until this  
21 point, and that none of you realised how seriously  
22 unwell she was?

23 A. No, none of us knew.

24 Q. Your brother records in this statement that he was told  
25 one-to-one by Mr Powell that the prognosis was not good.

1 A. That's right.

2 Q. She was to be referred for the chemoembolisation  
3 treatment. Were you all told the success rate was poor?

4 A. No, I went with my mum. They were taking blood, so  
5 I went with my mum with the nurse and my brother spoke  
6 to Mr Powell on his own, and it was him who told me  
7 outwith my mum. It was in the car coming home because  
8 we knew then that she was seriously ill. She said from  
9 right off, "I don't know how long I have got and I don't  
10 want to know how long I have got". So we made  
11 a decision not to tell her.

12 Q. Right. And were you told that this treatment was the  
13 last resort?

14 A. Yes.

15 Q. Because there was no other option?

16 A. There were no other options.

17 Q. The record of that consultation is WIT0050252. This  
18 is a letter from Mr Powell, consultant surgeon to  
19 Dr Stanley, dated 23 December 2008. It's noted at this  
20 point, in the second paragraph, that your mother is  
21 continuing to have episodes of confusion and dizzy turns  
22 and this basically confirms what you have told us --

23 A. Yes.

24 Q. -- about the treatment options for your mother. In  
25 paragraph 22 of the statement at page 8, 0013, your

1 mother was admitted to Edinburgh Royal Infirmary on  
2 Sunday 18 January 2009.

3 A. Yes.

4 Q. She had her chemoembolisation on Monday, 19 January and  
5 after that she was sleepy but sore. The day after, was  
6 it you --

7 A. It was myself, yes.

8 Q. Called to enquire how she was doing and she was still  
9 sore and so couldn't be discharged at that point. The  
10 next day, Wednesday 21 January -- was it yourself  
11 again --

12 A. It was.

13 Q. -- telephoned before heading through to visit her in  
14 Edinburgh, and you could tell by speaking to your mother  
15 that she wasn't herself. She was confused and she  
16 started to show signs again of encephalopathy. She  
17 seemed to worsen and your brother came to visit,  
18 I think, on the Thursday?

19 A. Yes, he came home. He was abroad, he came home. I had  
20 to head him off at the pass because he knew she wasn't  
21 well and that she should have been out at that point.  
22 So ...

23 Q. It's noted that he was extremely shocked at what he saw:  
24 "... she was an old woman who didn't recognise me and  
25 couldn't get up from her bed."

1 A. Yes.

2 Q. And then your sister came.

3 A. Yes.

4 Q. Where does your sister live?

5 A. She stays in Doncaster.

6 Q. So she travelled from there and was also upset and  
7 shocked. Your mother was allowed home on 27 January.  
8 Three days after that your mother had to be re-admitted  
9 to hospital.

10 A. Yes.

11 Q. You tell us in paragraph 23 she was so confused she  
12 could not dress herself, she threw the paramedics out of  
13 the house. She was becoming feisty then?

14 A. She was.

15 Q. And your mother's GP came to persuade her to go to the  
16 hospital.

17 A. Yes.

18 Q. The letter of referral, which I don't propose looking  
19 at, WIT0050254, states that your mother had also  
20 developed abdominal swelling and a leg oedema at that  
21 point too. Were you noticing a deterioration in your  
22 mother's state at this point?

23 A. Almost definitely. The moods and the changes -- I did  
24 say that we had little nicknames for her but there was  
25 like three different people living with her. Simple

1 things like the dressing, she was trying to put things on  
2 that shouldn't go in places, and she was an absolute  
3 nightmare to live with normally and this was just a lot  
4 worse.

5 Q. And so she was treated with lactulose and then  
6 discharged home on 4 February. She was trying to be  
7 independent but was unable to do simple everyday tasks.  
8 She became faecally incontinent, sometimes as much as  
9 seven times a night, and your brother by that time was  
10 starting to stay overnight.

11 A. No, that was actually one time -- he stayed with her in  
12 hospital at one point. That's when that was.

13 Q. Were you still managing to work at this point?

14 A. No, I actually had been to my own GP and he signed me  
15 off sick at that point because I couldn't go to work and  
16 be at my mum's beck and call all the time.

17 Q. So when did you stop work?

18 A. I stopped work at the beginning of February, I think it  
19 was, and I didn't go back until after she died.

20 Q. What about your son? How was this impacting on him?

21 A. I didn't see much of him at that point. I have got  
22 a partner now, so at that point he more or less looked  
23 after my son, made sure -- what I did is, I took my son  
24 to school, spent all day with my mum and then picked my  
25 son up, and my partner had worked almost part-time at

1           that point to deal with him so that I could deal with  
2           my mum.

3    Q.   And at the end of that paragraph you say you managed to  
4           get a home help for your mother?

5    A.   Yes.

6    Q.   Twice a day?

7    A.   Yes.

8    Q.   To help her with dressing and meals, and although she  
9           hated it initially, she became dependent on these  
10           visits.

11   A.   She did.

12   Q.   How did you get that home help? Was that through the  
13           social work department?

14   A.   Yes, it was. It was actually someone at the hospital  
15           one of the times had said that we should try. So we did  
16           and we were lucky that we actually got someone.

17   Q.   Over on the next page, paragraph 24, your mother had  
18           a further admission to Edinburgh Royal Infirmary from  
19           6 February 2009 until 11 February, and at this time your  
20           sister came up from Doncaster to live with your mother.  
21           Is that right?

22   A.   She was actually up and down quite a few times herself  
23           at that point. I think she didn't actually come up to  
24           stay until probably the beginning of March. This was  
25           all backed by my memory, of course, this whole statement.

1 Q. Yes. As we have heard, day and night were interchanging  
2 and your mother was a 24-hour occupation at this point.

3 A. She certainly was.

4 Q. In paragraph 25 you tell us that your mum's moods were  
5 changeable. Did they worsen as time went by?

6 A. They certainly did, yes: she was bordering on violent  
7 a few times. She wasn't my mum really.

8 Q. And sometimes she listened to your brother because he  
9 was her boy?

10 A. Golden boy, yes.

11 Q. And the family GP seems to have been a great help as  
12 well.

13 A. Yes, a bit of authority, I think, that is probably how  
14 she saw him. He was very good.

15 Q. And by this stage her colour was extremely dark yellow?

16 A. Yes.

17 Q. It's noted in the medical records that your mother went  
18 to see Professor Evans at Beatson Oncology Centre?

19 A. That's right.

20 Q. I think one or other of you had been researching?

21 A. My brother.

22 Q. Had been researching other options that may be open for  
23 your mother.

24 A. Yes.

25 Q. And your mother attended him about the potential use of



1 a drug called sorafenib. But the response was that  
2 there was no evidence that this would be of benefit to  
3 your mother.

4 A. Yes, that's right.

5 Q. Your mother was admitted to hospital -- this is  
6 paragraph 26 -- on 16 March to 25 March, and at that  
7 stage you were told that she only had weeks to live?

8 A. Yes.

9 Q. She had no quality of life left and so you took her home  
10 in a wheelchair. You tell us that your mother received  
11 palliative care from nurses?

12 A. The Macmillan nurses, yes.

13 Q. And you had to get various alterations to the house:  
14 a hospital bed?

15 A. Yes, we had a hospital bed and we had a kind of --  
16 I don't know what you call it -- a frame for when she  
17 was --

18 PROFESSOR JAMES: Cot sides, to stop her falling out of  
19 bed.

20 A. That's right, but we also had a frame for her when she  
21 was in the toilet because she couldn't get up and down  
22 from the toilet. She refused to use the commode that  
23 was in the house. She wouldn't use it. We had a bath  
24 lift as well -- a chair for the bath as well.

25 Q. So you received assistance, was it, from the

1 occupational therapy department at the hospital?

2 A. Yes, we did.

3 Q. And then in paragraphs 29 and 30 you tell us about your  
4 mother's deterioration and latterly, on the evening of  
5 Sunday, 5 April, your mother became very agitated and  
6 upset and confused?

7 A. Yes.

8 Q. And she seemed very frightened as well?

9 A. She was -- she was convinced someone was taking her  
10 away.

11 Q. And if we go over the page, it took three people to  
12 settle her that night and she required subcutaneous  
13 sedation via a syringe driver.

14 A. It was interesting trying to get that put in.

15 Q. Yes. That made her restful for a while and then she  
16 needed more, and the following day she didn't wake up  
17 and was in a coma, and you each stayed over each night  
18 the following week. You only returned home for an hour  
19 each day to see your son and she remained in a coma  
20 until she died. And you say you weren't prepared for  
21 this as you thought she might have woken up one last  
22 time?

23 A. No.

24 Q. In paragraph 31 it's stated:

25 "Our family was driven apart by my mum's illness and

1 subsequent death."

2 Can you expand on that?

3 A. When we were younger, in the 80s and 90s, my brother and  
4 my sister and I -- I wouldn't go so far as to say we  
5 hated each other but we never spoke because various  
6 things went on and my mum. We all felt as though we  
7 were driven out of the house because everything focused  
8 on my mum. So we didn't speak to each other very much  
9 and only got together for weddings and funerals. And  
10 brothers and sisters should always speak to each other.  
11 Up until that point when my mum got ill, it brought us  
12 all back together. We have never been closer.

13 Q. I want to ask you about the financial effects of your  
14 mother acquiring the Hepatitis C virus on your mother's  
15 and father's lives. You told us that your father  
16 stopped work early. Do you think but for your mother's  
17 illness, he would have tried to find employment  
18 elsewhere, having been made unemployed?

19 A. I think quite probably he would have done. If my mum  
20 wasn't ill, she would have worked. My mum couldn't  
21 work. So they only had the one salary come into the  
22 house for as long as I remember.

23 Q. And how long was your father unemployed for before he  
24 made the decision to stop working?

25 A. I think it must have been about a year. It was round

1 about -- I can't remember exactly but it will have been  
2 about that.

3 Q. So how did your parents manage financially after your  
4 father stopped working?

5 A. A lot of times -- I know my brother did things like put  
6 petrol in the car and things like that, and I know  
7 I fought a few times with my mum because when she looked  
8 after my son, I always brought the food and everything  
9 down so that they didn't have to buy it, because buying  
10 baby food is not cheap. And she always wanted to make  
11 sure she could. And I know my sister sent money up  
12 a few times beforehand. I know that my dad's brother  
13 gave them money when his sisters had told his brother  
14 what had been happening. So life was just difficult.

15 Q. Did they claim benefits?

16 A. My mum eventually got low rate disability allowance.  
17 That was after my dad stopped working.

18 Q. And how old was your father when he stopped working?

19 A. Oh, gosh, that will have been 1998, so -- I'm sorry, my  
20 brain is not working. Work out 1943 to 1998.

21 Q. That's fine, we can do that. 55.

22 A. There you go.

23 Q. And did your father have a pension?

24 A. No.

25 Q. No?

1 A. No pension, no life insurance. They couldn't afford it.

2 Q. So did they have a mortgage on their home?

3 A. They eventually managed to get a -- because it was  
4 a council home, so it was a small-ish mortgage, but the  
5 mortgage that they were sold was until my dad was 71,  
6 which they didn't know at the time that was  
7 a misselling, but they weren't caring, I don't think,  
8 because it meant payments every month were less.

9 Q. Your mother obviously did go away on holiday. Did she  
10 find travel insurance?

11 A. No, she never had any travel insurance. My dad was the  
12 only one that would have travel insurance.

13 Q. Why didn't she have travel insurance?

14 A. I honestly don't know the ins and outs but obviously you  
15 have got to put in medical reasons, and they wouldn't  
16 allow anyone insurance for that.

17 Q. So she used to go on holiday without --

18 A. Yes, not that they went on holiday that often.

19 Q. What expenses did your parents incur as a result of your  
20 mother's illness?

21 A. My mum paid for all her prescriptions, I know that much.

22 Q. Yes.

23 A. And obviously petrol just up and down to hospital was  
24 constantly ...

25 Q. Did she feel the cold more than others and need more

1 heating?

2 A. You are not kidding. You used to walk into her house  
3 and it was so hot it takes your breath away, but my mum  
4 would probably still think it was cold and would want  
5 a blanket.

6 Q. And your mother received two payments from the  
7 Skipton Fund?

8 A. She did, yes, eventually.

9 Q. Did you, your sister or your brother lose any earnings  
10 as a result of caring for your mother?

11 A. Did we -- sorry?

12 Q. Did you lose any income, did you lose pay from the time  
13 you took looking after your mother or taking her to  
14 appointments?

15 A. I'm sorry, I don't understand what --

16 Q. Did you lose any pay from your work?

17 A. Lose any -- sorry.

18 Q. It's all right.

19 A. My ears. I didn't lose any pay. I lost the time at  
20 work when I took her to appointments because I didn't  
21 know that I was allowed time off to take her to all  
22 these appointments. So it was just -- I would take  
23 annual leave or, as we worked flexi time, I would just  
24 use my flexi.

25 Q. Okay. Just bear with me. (Pause)

1           Thank you very much for coming here today and  
2           telling us about your mother.

3   A.   Sure.

4   Q.   Thank you.

5   THE CHAIRMAN:   Mr Di Rollo?

6   MR DI ROLLO:   Sir, I do have one or two questions I would  
7           like to ask, if I may.

8   THE CHAIRMAN:   About what?

9   MR DI ROLLO:   There is a paragraph 27 in the statement that  
10           was not referred to.  And there is another matter, sir,  
11           that I would like to explore, which is that when the  
12           diagnosis for cirrhosis was made, the suggestion that  
13           Bridie's mother may have had an alcohol problem and  
14           whether that had an impact on her.

15  THE CHAIRMAN:   Yes.

16   Questions by MR DI ROLLO

17  MR DI ROLLO:   Can I look at paragraph 27 of your statement.  
18           What it says there is:

19           "As late as March 2009, our family was not warned of  
20           the risk of transmission of the Hepatitis C virus.  
21           Prior to my mum's death, she had semi-constant faecal  
22           soiling.  We were not warned to wear gloves when  
23           assisting our mum intimately within hospital.  When my  
24           mum was discharged home from RIE [and another hospital]  
25           ... she had at least four discharges between January

1           and March ... no medical personnel advised us to wear  
2           protective gloves and aprons when nursing at home."  
3           Is that correct?  
4    A.   That's correct, yes.  
5    Q.   I mean, I take it that the sources of information that  
6           you had about Hepatitis C came essentially from your  
7           mother, so you would be dependent entirely on her for  
8           whatever she had been told to tell you?  
9    A.   That's what she told us, yes, which was very little.  
10   Q.   It sounds as though whatever she was told, the  
11          information that you had was very little; that is the  
12          way you have put it.  
13   A.   Yes.  
14   Q.   All right. There was, obviously, a --  
15   THE CHAIRMAN: As a matter of interest, did you use gloves?  
16   A.   No, we didn't.  
17   THE CHAIRMAN: You didn't.  
18   MR DI ROLLO: When your mother was originally diagnosed with  
19          having cirrhosis of the liver -- and we saw that  
20          correspondence this morning in the letters -- was there  
21          a suggestion that that was as a result of drinking  
22          alcohol?  
23   A.   Yes, it was.  
24   Q.   Right, and do you know who made that suggestion to her?  
25   A.   I believe it was the way the nurses reacted to her and



1           how they dealt with her in the hospital, and she heard  
2           whispers from the nurses. I don't think anyone came out  
3           right to her face and said, "You are an alcoholic, we  
4           are not treating you as well as we are these patients  
5           next to you". It was what she heard people whispering,  
6           the way that they treated her. They weren't nice to her  
7           because they assumed she was an alcoholic, and the fact  
8           that she was ill was because it was her fault. It's not  
9           nice.

10        Q. Right. And when was it obvious that the attitude had  
11           changed, that it was appreciated that it was not as  
12           a result of alcoholism?

13        A. That was after she was released from hospital. That was  
14           throughout her stay in hospital she was treated like  
15           that. They actually, if I remember correctly, released  
16           her a couple of days early because she was so upset, and  
17           I know I had to get -- my dad couldn't get time off work  
18           to collect her and I had a gentleman from our office  
19           take me to the hospital to get her out. So it was  
20           obviously -- attitudes changed after the diagnosis of  
21           Hep C. Then they realised that obviously it's not  
22           alcohol related. The hospital incident had been and  
23           gone by that point.

24        Q. You will appreciate that at that time not as much was  
25           known then as it is now?

1 A. I do appreciate that but regardless, people shouldn't  
2 make assumptions.

3 Q. All right. Thank you.

4 Thank you, sir.

5 THE CHAIRMAN: Mr Anderson?

6 MR ANDERSON: In the circumstances, I have no questions,  
7 thank you.

8 MR JOHNSTON: I have no questions either, thank you.

9 THE CHAIRMAN: Any follow up?

10 MS PATRICK: No, sir, no further questions.

11 THE CHAIRMAN: Thank you very much. It's very helpful that  
12 you are prepared to come and tell us the story.

13 A. I'm grateful to have had the chance. Thank you.

14 MS PATRICK: Sir, I should say that our witness for this  
15 afternoon, Alex, has been unable to attend due to the  
16 severe weather yesterday.

17 THE CHAIRMAN: Yes, we are all suffering one way or another  
18 from that, but have alternative arrangements now been  
19 made?

20 MS PATRICK: I think that that's in hand.

21 THE CHAIRMAN: I think everybody has been kept informed  
22 about that. That was the feedback I got anyway. So  
23 I am afraid there is nothing any of us can do about the  
24 weather. Okay? Is that all for today?

25 MS PATRICK: That's all for today, sir, thank you.

1 THE CHAIRMAN: So we resume again on Tuesday? Very well.

2 (12.32 pm)

3 (The Inquiry adjourned until Tuesday, 13 December 2011 at

4 9.30 am)

5

6

I N D E X

7 BRIDIE .....1

8 Questions by MS PATRICK .....1

9 Questions by MR DI ROLLO .....70

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