

**Response to the Penrose Inquiry to the request of
21st December 2011 concerning the reports of
Dr Hay and Dr Nathanson
by
Professor Gordon Lowe**

I am responding to Gemma Lovell's request of 21/12/11, asking for comments on whether or not I agree or disagree with Dr. Charles Hay and with Dr. Vivienne Nathanson about HCV testing and the provision of results. I have read their statements.

As I said in my oral evidence to the Inquiry on 16th December, it is clear that Dr. Hay and Dr. Nathanson have different views. I think (as I said then) that Dr. Hay's practice (expressed in paragraphs 63-66 of his statement) is entirely consistent with practice in UK haemophilia centres in the early 1990's (I think Dr. Hay means "1992/3" rather than "1982/3" in the second line of paragraph 63 in his statement), including my own and Dr. Walker's practice in Glasgow Royal Infirmary, and other centres across Scotland. This practice was to inform patients about hepatitis C tests and outline what was known about HCV; and to inform the patient and their general practitioner of the results.

This had been the practice in haemophilia centres across the UK since the early 1970's for hepatitis B, and it was the opinion of haemophilia directors (and their medical defence unions) in the early 1990's that the practice should be the same for hepatitis C as for hepatitis B.

I agree with Dr. Hay that there is no comparison between HIV testing post-1985, and HCV testing in the 1990's with regard to the perceived poor prognosis, lack of effective treatment, and social stigma of HIV in the early years. I disagree with Dr. Nathanson in this respect. I would point out that in the current Scottish Intercollegiate Guidelines Network (SIGN) guideline on hepatitis C, there is no mention of HIV-type counselling.

Gordon Lowe
January 2012