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Our Ref: AFP/FKM

3 August 2011

Ms Tracy Turnbull
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Dear Ms Turnbull

Re: Statement by Dr A F Pettigrew, prepared after reading the transcript of the oral evidence given by Mrs Leitch to the Penrose Inquiry on Friday 24th June 2011

1. Page 140, line 14 to page 143, line 11 of the transcript – I recall that there was a contrast between the way in which the boys were treated as inpatients and the advice that the parents were given by the Haemophilia Clinical Team with regards to precautions to prevent infection. The situation was evolving but at the time there was, as I recall, no evidence of acquiring infection through household contact, although it could also be argued that there was no definite evidence that AIDS was not acquired through household contact. When the boys attended the Day Bed area for treatment the Clinical Nurse Specialist and I treated them in the way that we advised parents to do so, i.e. wearing gloves and plastic apron when performing venepuncture or administering IV treatment, and no precautions when meeting/talking (normal contact with the boys). When the boys were admitted to the ward, and in the case of the haemophilia children, unless for elective surgery, this was usually in an acute situation for this no preparation could be made beforehand. The ward staff would be bound to observe the infection control measures as advised by the Hospital Infection Control Team. I have no idea how the Infection Control Team developed their protocol, or indeed who was responsible for the development of such a protocol, but it was a hospital directed rather than departmental directed protocol. As I had indicated in my own evidence, there was a great deal of hysteria, both in the media and the hospital itself, with regards to AIDS, and I think the Infection Control Policy partly reflected this hysteria. I suspect that Dr Hann did his best to try to change this policy with regards to the treatment of haemophiliacs as inpatients.

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It also has to be borne in mind that haemophiliacs were admitted to the Haematology ward where the majority of patients were receiving treatment for leukaemia or cancer, and therefore would be immunosuppressed and more susceptible to infection.

2. Page 55, line 23 to page 158, line 22 – I cannot recall resistance on the part of Clinicians to the setting up of the parent support group. In fact, we welcomed this as means of providing support to these parents who were in a very distressing and tragic situation. It may be that there were concerns regarding the handling of any clinical issues that were raised, as Christina Leitch was not clinically qualified, but again, as I referred to in my own evidence, it was felt that such a group should meet outwith the hospital.

With regards to tensions between treating Clinicians and patients, I was only aware of the distress of these parents and was not aware of any hostility directed towards myself or indeed any other members of the clinical team.

I would also like to reiterate my opinion of Dr Willoughby as a kind, caring Physician who at all times treated his patients to the best of his ability and in what he thought was in their best interest. There was never any suggestion that his departure was in any way related to developing concerns regarding AIDS in haemophiliacs.

Yours sincerely



DR A F PETTIGREW