

MR ALEXANDER LAING

(1) Where and when the death occurred

Mr. Laing was born on 7 December 1923 and died on 4 September 2003 at the Royal Infirmary, Aberdeen.

(2) The cause of death

The cause of Mr. Laing's death, accurately recorded on his death certificate, was:

“ I (a) Hepatitis C Related Liver Disease”

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

There do not appear to have been any reasonable precautions whereby Mr. Laing's death could have been avoided once he had contracted Hepatitis C (although there is no evidence of whether or not a liver transplant was ever contemplated). The care he received was described by Dr Alexander as having been exemplary.

(4) Facts relevant to the circumstances of the death

Mr. Laing underwent an operation for bowel cancer on 7 August 1990 during which he received a blood transfusion. In 1995 he was identified by the National look-back exercise as having received blood that had come from a donor who had subsequently been found to be Hepatitis C positive. In June 1995 Mr. Laing tested positive for Hepatitis C. In January 1996 he underwent a liver biopsy which showed chronic active hepatitis and appearances suspicious of cirrhosis. The possibility of treating Mr. Laing's Hepatitis C infection with Interferon was discussed with him. It was thought that such treatment was likely to be unsuccessful and that the long-term outlook with Hepatitis C for someone of his age was benign. Mr. Laing declined treatment because he understood that it would not make much difference and might make him worse. Over the next few years Mr. Laing suffered from various symptoms attributable to his evolving liver disease. In July 2003 he underwent a CT scan of his liver, the results of which showed him to have advanced liver

disease, and from the end of July 2003 his health showed a steady deterioration until his death in September 2003.

The donor whose blood Mr. Laing received had received a blood transfusion during the 1960's or 1970's, but there was no evidence to indicate that he came from any other high risk group. Mr. Laing was infected with Hepatitis C before screening was introduced throughout Scotland in September 1991. Dr. Dow gave evidence to the effect that the screening that was available in 1990 would, in any event, not have detected the donor's Hepatitis C virus, which was genotype 3. The donor's ALT level is unknown. What is known is that most donations with Hepatitis C genotype 3 had raised ALT levels. Given that most genotype 3 donors were picked up by ALT screening it appears that if surrogate testing using ALT as a marker had been in place in 1990 the donation would have been picked up and not used.

(5) Systemic issues examined by the Inquiry relevant to this death

- Whether in or about 1990 blood ought to have been accepted from donors who had previously received a blood transfusion but otherwise did not fall into any other high risk category for Hepatitis C.
- Whether surrogate testing for Non A Non B should have been introduced in Scotland.
- Whether screening of donors should have been introduced before September 1991 and if so when?