



**Witness Statement Ref No.**

**WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE OUTBREAK OF  
CLOSTRIDIUM DIFFICILE IN NORTHERN TRUST HOSPITALS**

**WITNESS NAME: JAMES GIBSON BOYLE**

**STATEMENT OF EVIDENCE**

I James Gibson Boyle (known as Gibson Boyle) say as follows:

1. I am making this statement at the request of the Clostridium Difficile Public Inquiry. I am aged 78 and my date of birth and address are known to the Inquiry. I am a retired pharmacist.

**Background**

2. On 12<sup>th</sup> December 2007 I had an endoscopy carried out at Outpatients in Antrim Hospital. Later that day, I was taken back to Antrim Hospital in an unconscious state. I do not obviously know those details but my wife, Margaret Boyle, has been able to tell me this. It was discovered that my oesophagus had been ruptured. I understand this occurred during the endoscopy.
3. I was admitted to Intensive Care at Antrim and then transferred approximately two days later to Intensive Care at the Royal Victoria Hospital. My wife has told me that on Christmas Eve 2007 I was then moved to a high dependency ward and subsequently transferred to Ward 4A which is the Thoracic Ward. I think I was there for many weeks.

## **Transfer to Inver House at Moyle Hospital**

4. A decision was made to transfer me to Antrim Hospital. I recall I was told by someone (I cannot remember who) that Antrim was just to feed me and “keep me going” and I took from that that any medical decisions would still be taken by the Royal Hospital.  
But about half an hour before I left, they decided somehow or other to transfer me to Inver House in Moyle Hospital at Larne. When I arrived at Inver I was told, I think by the nurse in charge, that they were not expecting me. This was a Thursday and I now understand this was sometime in February 2008.
5. A young female doctor conveyed to me that Inver was not a suitable place for me. When I was sent to Inver I was relatively fit. I was mobile at that stage and in fact on the Sunday (three days after arriving) I was able to go home for an hour’s visit for the first time since I had been admitted to hospital back in November 2007. I am sure that at that stage I had no diarrhoea whatsoever.

## **C difficile**

6. The next day, a Monday, I started taking diarrhoea quite badly. I did have a room by myself but I did not have my own toilet - there was a communal one. My wife told me that she wanted to find out about the diarrhoea and she asked to see a doctor who was on the premises on that Monday but the doctor did not come. My wife also said that staff thought the cause of the diarrhoea was due to the change in the feed I was getting. She was concerned that I was dehydrating as I was getting only liquid feed and no water. A doctor spoke to my wife on the Wednesday and she says that the doctor got an extra flush of water put through my feeding tube.
7. On the Wednesday evening a commode was brought into my room as I was not fit to walk to the communal toilet.

8. My wife said that she thinks they took a sample of the diarrhoea that Wednesday. I have been shown a document marked "177/1" which has my name and date of birth on it and which shows a sample date of 27<sup>th</sup> February 2008 taken at Inver and a diagnosis of C Diff and which says "reported on 14<sup>th</sup> March 2008". So I accept that I was in Inver in late February 2008.
9. I deteriorated quite rapidly and became really dehydrated and on the Wednesday night a nurse put up a solution, I'm not sure if it was a dextrose solution, because of the dehydration.
10. The following day I had an appointment with my Consultant at the Royal Hospital and I thought I would not be fit to travel. But after receiving the water on the Wednesday night and due to willpower I managed to get to the appointment. So I had been in Inver for one week, from Thursday to Thursday.

#### **Re-admission to Royal Victoria Hospital**

11. I was brought from Inver to the Royal in a "patient bus" that stopped at Carrickfergus and Newtownabbey. I was not brought by ambulance.
12. I was still suffering from diarrhoea and I wore a pad during the journey. I can't recall if I was wearing pads when at Inver but anyway I was on the commode so much that I wouldn't have had the opportunity to put pads on.
13. At the Royal when the Registrar (who I already knew) saw me he said "you're dehydrated". I was readmitted then to Ward 4A at the Royal - the Registrar said "we'll find you a bed somewhere". I wasn't told at that point why. I just felt so rough. I was given a room on my own in Ward 4A.

14. My wife said to the Consultant or the Registrar - "I feel so sad when I saw the state of Gibson". She tells me she meant they had worked so hard at the Royal to keep me alive that she felt sad that we had reached this point again.
15. My wife has said to me that she feels what saved my life was having the appointment to go back to the Royal - I don't know what would have happened to me otherwise. Inver did not have the expertise. And they did say that, to be fair to them, when I arrived but it wasn't because of the C Diff they made that statement, it was because I had come from the Royal with an oesophagus problem. This was the nurse in charge at Inver had indicated this and I think she was quoting the Consultant.
16. I stayed at the Royal then for at least four weeks, maybe eight weeks that second time. At some stage I was told when in the Royal by the Microbiologist that I had C Diff and it was a virulent strain. There was a notice outside my room.
17. I was treated with antibiotics and it took me off my feet for some time. I lost a lot of weight, not just through the diarrhoea experience but altogether from when I went into hospital at the very beginning.
18. After discharge from the Royal I had two recurrences of C Diff but I cannot recall when, except that it was a number of weeks after being discharged. My wife pressed for me to be readmitted because we knew it was a recurrence, we could tell by the odour and the nature of it. A few weeks (maybe six) after being discharged again, I had a third bout and was readmitted to the Royal for less than a fortnight. I was given an antibiotic and discharged in October 2008.
19. I recall being told by the Consultant that they wanted to discharge me as quickly as possible as there was more likelihood of contamination in hospital, "you get more bugs in than out", which is understandable. It is

because the nurses are coming to you and they have already been treating somebody else - I understood that and that wasn't an issue.

### **General observations**

20. I want to say that the Royal was great. The Royal saved my life. I had my own room when I was there and my own toilet each time I was readmitted. It was cleaned well, twice a day.
21. I am fed through a tube known as a "peg" that goes right into my duodenum. This is because of the hole in the oesophagus but I think that having had C Diff has made the situation more difficult as my bowel has been made sensitive by the C Diff experience.
22. Having had C Diff I am always "on edge" a little bit, you know thinking "is it going to recur again?" That is a great fear when you go onto an antibiotic again, there's a chance of recurrence of the C Diff. My GP had to prescribe an antibiotic in December 2009 and that was a concern for me, although the GP was very good and either phoned or came to see me every day.
23. I want to say that the whole purpose of the Tribunal, or whatever you like to call it, is to learn lessons not to apportion blame necessarily. But to say how can we learn lessons for the future? And I was thinking, was Inver House known to have an outbreak of C Diff before they sent me there? And if so, why did they send me there? And why did they put somebody who was relatively healthy as far as his bowels were concerned into a communal toilet?
24. I would also suggest that the liaison between the Antrim Hospital and Inver left a lot to be desired because they did say that they had not been notified (by that I mean Inver). There was a slackness there in my opinion and I consider that it was not the RVH's problem. To summarise I would say that there is a need for a more careful assessment before they transfer people into areas of danger. I would

doubt that I was the first C Diff in Inver House - I may be wrong in that but I doubt it.

25. In respect of Inver I think that generally they did their best. But I felt that I should have been treated for my dehydration much earlier rather than being allowed to weaken to such an extent. Was that due to lack of experience of the problem or what? I had come out of a teaching hospital (the Royal) where you expect excellent care into a little cottage type hospital, and therefore were they really competent to deal with me?

26. In respect of cleanliness, at Inver the nurses or auxiliaries did wear aprons and gloves when they came into my room when I had diarrhoea. And when the diarrhoea got bad they had given me a commode. I have no negative comments about the cleanliness of Inver. I do not know if my wife or visitors were told to take any precautions when visiting me once the diarrhoea had set in.

If they say that I came with C Diff to Inver, I was not aware of it. I do not know what the incubation period is. But I was quite fit and able to move around when I arrived at Inver.

I used the communal toilet for about five days - I think I was still using it for about a day when the diarrhoea had set in and that in itself was dangerous to others. It was only when I got really desperate that the commode was brought in.

27. The attitude of all sections of staff at Inver was fairly kind. I was in the care of Inver for a fairly short period when I had diarrhoea so to be fair to them they did not have a lot of time to give me any information about it.

28. My hope would be that out of my experience will come help for somebody in the future.

I declare that this statement is true to the best of my knowledge and belief.

Signed:



Dated: ..... 10-8-10 .....