



## SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing  
20 September 2021**

Day 14  
Monday 25 October  
Morning Session

**C O N T E N T S**

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**10:31**

**THE CHAIR:** Before I invite counsel to the inquiry to lead with I think our only witness for today, can I take the opportunity to announce my decision in relation to the applications which I heard at 9 o'clock?

I propose to grant the restriction order or, strictly speaking, impose the restrictions as provided or as sought in the Scottish minister's application, which came to be the restrictions which were sought in the Greater Glasgow Health Board application. So what is sought is granted. The reasons for that, I hope, will be available later in the week. But with that, I invite counsel to begin.

**MR DUNCAN:** Yes. Good morning, my Lord. We have one witness today; that is Molly Cuddihy.

**THE CHAIR:** Thank you. Yes.

(After a pause) Good morning, Ms Cuddihy. Now, as you will appreciate, you are about to be asked questions by Mr Duncan, who I think you have had the opportunity of meeting.

**A** Yes.

**THE CHAIR:** Right. Before you do that, can I just make clear that if you want to take a break at any time, for any reason, either a short break or a longer break, just say so and we will

do that. We are now at about 10.30. I would anticipate taking a coffee break at 11.30, 11.45, largely as and when Mr Duncan thinks we have come to a natural break in the evidence. So we will do that anyway. As I say, if there's any stage that you want to take a break for any reason, we'll do that.

**A** Thank you.

**THE CHAIR:** Now, are you happy to take the oath?

**A** Yes.

**THE CHAIR:** May I ask you, just sitting where you are, to raise your right hand and repeat these words after me.

**Ms MOLLY CUDDIHY**  
**(Sworn)**

**THE CHAIR:** Thank you. Now, I have to confess, I am hard of hearing, which is a polite way of saying I'm a bit deaf. I think the microphone will help and the system, I think, kicks in after a minute or two. But maybe just speaking a little louder than you would in normal conversation.

Mr Duncan?

**Examined by MR DUNCAN**

**MR DUNCAN:** Thank you, my Lord. May I just say, I'm hard of

speaking and I have problems with the microphones as well, so we may get you to sort of jiggle it about, if you ...

Good morning again.

**A** Good morning.

**Q** We usually start with some formal questions and if I could do that just now. If I could just have you confirm that you are Molly Cuddihy?

**A** Yes.

**Q** And for this morning's and indeed this afternoon's purposes, do you want me to call you Ms Cuddihy or Molly?

**A** Molly is fine.

**Q** You are 19 years old?

**A** Yes.

**Q** And you live in the west of Scotland with your mum and your dad and your brother; is that right?

**A** I do, yes.

**Q** And you are a student?

**A** I am.

**Q** Where are you a student?

**A** University of [REDACTED].

**Q** Studying?

**A** Physiology.

**Q** In which year?

**A** [REDACTED] year.

**Q** Now, you have provided us with a detailed witness statement of your experiences at the Royal Hospital

for Children and the Queen Elizabeth University Hospital in Glasgow. And are we right in understanding that you are content that that forms part of your evidence to the Hospital Inquiry?

**A** Yes, I am.

**Q** You have agreed to come along today and answer some more questions about that; is that right?

**A** Yes.

**Q** Now, am I also right in understanding that you have got a copy of your statement beside you?

**A** I do, yes.

**Q** Now, I'm not going to be working through it in detail. I will go to bits of it. If you want to go to it at any point to refresh your memory, just do at that, but I emphasise to you, as I said to you before, this isn't a -- I'm not here to test you on what happened on particular dates, so don't worry too much about that.

Let's start with some background, something again that we usually do. We usually start, in particular, about finding out about the person giving evidence and the reason for that is because, although this inquiry is a story of a hospital in Glasgow and a story of a hospital in Edinburgh, it's principally a story of people.

So can we go back to December

2017; and can you introduce us to the Molly Cuddihy that we would have met then?

**A** Yes. So I was in the fourth year of school. I was getting ready to sit my national 5 prelims. Since I was a small kid, I have really wanted to study medicine, so as you can imagine, it was -- my entire life was books and studying. I didn't really have much of a life outside that, but I love music. I have played the piano since I was three. At that point, I like to think that I was teaching myself the guitar and I sing a bit, so-so, but, yes. Just pretty much studying.

**Q** Music is a big part of the time that you weren't looking at books?

**A** Yes. That was my relax. Playing the piano was always my relax, yes. I enjoyed that. And a lot of my friends are involved in the same, like the same music, and a lot of them all play instruments. So we would -- that would be a nice break.

**Q** And what music would that be?

**A** I like -- I listen to a variety, to be honest. My favourite is Paolo Nutini without a doubt, but I love a lot of bands, like The Killers and Arctic Monkeys and Sam Fender and things.

**Q** And I detect from your

statement that you go to a few gigs, don't you?

**A** Yes, yes. My friends and I, that tends to be our nights out.

**Q** So what would be -- if we were to ask you, what's the standout gig for you?

**A** Recently, just there, I was at TRNSMT and I saw Sam Fender. I didn't have a chance to see him while I was sick, and a lot of my friends did, so that was really nice. That was special, I would say.

**Q** Okay. Now, I'm going to start the story in a minute. But before we do, I want to ask another question about Molly Cuddihy as a person; and just something I want you to help us think about. What sort of person would you describe yourself as?

**A** I tend to be very organised. I'm very particular about things, in the sense that I've always had this drive to do what I want to do beyond school and it's always kind of - - everything has been stepping stones, because of that. And so, as much as I have got everything I enjoy, I'm always very organised in that sense; and I tend to take that approach with a lot of things, particularly how I feel about things. I tend to shut things off and put them in boxes. That's the way I tend to cope with a lot of things, a lot of

stress. And I would probably say I'm particular with things like this, that I'm quite good at detaching myself from my feelings, in order to cope with things and perhaps deal with them later on. Really compartmentalising feelings. I would say that's probably one of my concerns, that at times I feel like I come across as quite cold because of that, because I can detach myself from my feelings, so it might look as if I'm not bothered by things, not upset. Like this, for instance; it might look as if it doesn't upset me because I can put on a smile and I can get on with it, but it's just my way of coping. It's putting it in a box in order to get through it and to talk about it and get it over with.

**Q** I mean, there is quite a lot in that answer. I'm going to ask you some more about it. You are somebody who likes a plan?

**A** Yes, 100%. That's always been -- my life has been plans, and so you can imagine that a cancer diagnosis thrown into that as a teenager was not according to plan and threw everything out.

**Q** And we will go through other forks along the road that led to changes of plans; is that right?

**A** Yes.

**Q** What's your plan for

today?

**A** Just to kind of tell my story.

**Q** And just thinking about what you just said, though, about being a bit detached. Do you find that you are somebody who is able to analyse information and process it; and is that what you've done in providing that statement?

**A** Yes, definitely; and it was similar throughout my treatment as well. I can look at information and assess information, in order to make a decision; and then you move on to consequences later, kind of thing.

**Q** And so what is it that you are concerned is maybe absent in that?

**A** Sorry, in ...?

**Q** In describing it in that analytical way, what is it that you are concerned?

**A** That I seem as if it does not bother me. It can come across as if I am a bit blasé about it. But I am not at all; it does bother me. But I prefer to deal with it myself. It is just the way I have always been.

**Q** Okay. Let's begin the story, then. Let's begin with the events leading up to 16 January 2018. You had been working towards your Nat 5s; is that right?

**A** Yes.

**Q** And I think we can see from your statement that there was a spell towards the end of 2017 where you weren't feeling that great; is that right?

**A** No, I was going downhill.

**Q** Yes. Well, why don't you take us from there. Take us from there to the events at the Inverclyde Royal Hospital on 16 January 2018. Walk us through that.

**A** Okay. So for a couple of months leading up to December, I was back and forward to the GPs. I had a number of symptoms. I was losing weight. I was -- coughs and colds and cold sores and things, they just wouldn't go away, and it was thought maybe I had different infections or kidney infections. I had a large mass in my side, and it just seemed to be getting bigger.

By the time I got to December, it was -- it was huge. My whole hand, I couldn't hold it, but there was a lot of pain associated with it. And it kind of -- eventually I went to see a GP that was a family friend in the January and I hadn't been able to get an appointment with him prior to this; and everyone else I saw, because of my age and because I was a girl, it was assumed that there was a number of

different things that it could be, and no one is ever going to assume that it's cancer.

But I saw Dr Barrin(?). He's known me since I was a child and I've never been one for needing to go to the doctors. I was never off school. Even if I had a cold, it was away in a day, kind of thing. But it just didn't add up for him that I wasn't recovering and this mass on my side. We didn't for one minute imagine that it was what it was, but I saw him on the Friday and he sent me for a scan for the Tuesday at Inverclyde Royal Hospital; so on the Tuesday 16 January.

And I -- I believe it was half 8 in the morning, so it was a bit of a disaster, the way I was dressed. It was like a hoody and leggings. I just had no expectation that it was going to be anything other than a routine scan. But I went in myself and that was the first time I have gone into an appointment myself without my mum and I was a bit grown-up.

But the ultrasound, the lady that was doing it, I could tell she was starting to get a bit uncomfortable and then she started asking how my breathing was and what kind of pain I was having. Then she excused herself and went and got the lead consultant. He came in and he had a look himself

and he was just asking me similar questions and then he told me that something unusual was on the scan and that they wanted to book me into A&E in Inverclyde, so that they could put me in for a CT. That was the only way that they could register me for that day for a CT. So I was logged as a patient.

My mum and I went along. I think at that point, I had done a lot of reading. Like I said, I like information and I'd kind of researched all my symptoms and of course that's one of the things that comes up when you look up masses and lumps. But it was always kind of in the back of my head, and so when they kind of started to panic, then I was a bit worried.

So I had my CT and then the A&E doctor came and spoke to my mum and I, and she took us to a side room and they brought in a nurse as well, and she had actually worked in the Schiehallion. She came in and told me that she believed I had a sarcoma and I needed to leave right away and go straight to Schiehallion. Because we couldn't believe at first that I had to go straight away. We thought they would maybe just send us through an appointment but, no, I had to head up that day. I didn't really have time. So I was sent straight up, and I went to 2B

day care and I met Dr Sastry and Dr Sassi(?) and he did different checks. They took my blood, the nurses took my bloods. They put me in for different tests and I was set as an inpatient that night.

**Q** Okay. What age were you?

**A** 15.

**Q** You have taken us through your first night at the Royal Hospital for Children. When did you get confirmation of your diagnosis?

**A** So I was told right away that it was a sarcoma; that's what they believed it was. But the next day I went for a full body MRI and then I was also sent to the -- Dr Sastry told me at that point when they saw the results of that that he believed that it was malignant, but they would obviously do the biopsy just to doublecheck and to be able to know what type of cancer it was; there was a range of different sarcomas it could have been or it could have been something else entirely. So I went in for a biopsy and I had a bone marrow aspiration and that confirmed that it was Ewing's sarcoma, and that it was metastatic, so it had not only spread -- so it was my 11th rib and it kind of spread across, so that it was the rib -- the 12th, your last rib below that and the one above it, and at



my diaphragm. And it spread to my lungs and into my tenth vertebrae in my spine. I had to start treatment right away, so I was put in for a line that Friday night and I was allowed home on the Saturday to begin treatment the following week.

**Q** Let's stop there or pause there. I'm going to, in a minute, start to look at the details of your treatment. Let's pause, just to help set the scene a wee bit. Imagine I'm a 15-year-old child arriving for the first time at the Schiehallion unit. Your job is to give me the guided tour. What would I see? Maybe start with 2B. I think that's where you went first, isn't it?

**A** Yes.

**Q** So walk me through it.

**A** So because I was a new diagnosis and I think because they didn't want to overwhelm me as well, I was taken to one of the private rooms within 2B. So there's four private treatment rooms or -- I think four, I believe four. Sorry, it's been a couple of years since I've been there.

And that's kind of where you would get maybe cannulated or if you were really poorly and you were taken to day care, you might go there. Obviously in my situation, it was just to give me that privacy.

So there's also the -- I suppose if

you are 15, there's the Teenage Cancer Trust, a four-bed bay in 2B; and that was where you would go for kind of bloods and if you needed a kind of blood transfusion or a platelet transfusion or if you were getting set up for your chemotherapy. As a teenager you would always go there. They were -- they had comfy chairs and it was a bit of -- a room away from the kids, because they used to get quite upset.

**Q** Yes. So arriving there, is reception in 2B?

**A** Yes, there is.

**Q** And there is also a waiting room; is that right?

**A** There is, yes.

**Q** And I think in your statement you described there's toys laid out for the youngsters; is that right?

**A** Yes.

**Q** And on reception, the particular person that tended to be there?

**A** Yes, Noreen.

**Q** Tell us a bit about Noreen?

**A** Everyone loves Noreen. She is one of the kindest people you'll ever meet. She sets up everything for you. She got me -- she set up all my wigs, with the Little Princess Trust.

That was one of the first things she did for me, because I think with my age and things, she knew it would be something that would bother me. So the first thing she did was to contact the Little Princess Trust to organise my wig. But she has this pink box she keeps under her desk and I think it's the fairy box and the wee ones, when they come up, they can pick a toy and then that's -- they've been good. They have come in and got their treatments, they have got their bloods taken, so they can pick a toy from the fairy box off Noreen. So all the kids absolutely adore her.

**Q** You mentioned the particular space for the teenagers and you mentioned the Teenage Cancer Trust. We are going to be speaking a lot about the Teenage Cancer Trust as we go along today. Let's just start with now, tell us what it is.

**A** So the Teenage Cancer Trust is for ages 13 to 24, but obviously because it's in the kid's hospital, it's -- I think the max you can be is 18. And it's basically to provide support for everyone within that age group. They have units within the ward specifically for teenagers and they fund that and it's a nicer set-up for a teenager and things.

**Q** And it's a UK charity, I

think?

**A** Yes, a UK-based charity.

**Q** And they provide support and facilities for teenagers and their parents across the UK; is that right?

**A** Yes.

**Q** Now, take me into ward 2A. I am 15 years old and I would be quite keen to see what provision there is in there for me. What is there for me in ward 2A?

**A** So right at the very top end, away from everyone else, is the Teenage Cancer Trust unit. So it's not sectioned off, but it's away at the very end, so it's separate from where all the younger kids would be.

And there's four Teenage Cancer Trust specific rooms and then there's two other rooms that the teenagers tended to overflow to, so it was bigger beds in there. And then we have our common room. So the common room was brilliant. There was, kind of, kitchen facilities. We had our fridge, our freezer, you can make a tea and a coffee and there was a grill and a microwave and stuff, which was handy, because no one liked hospital food; and there's these big lazy boy chairs that you can kind of lie right back on. There's the TVs with the Playstations and the Xboxes there, whatever people are playing; I don't

know. And there's a pool table and there's a table where you can sit with people at and a jukebox and things. It's brilliant; a brilliant room.

**Q** One of the things that you just mentioned there, a table. Is that something that was quite important to you?

**A** Oh, that was the most important thing to me. I'm not a Playstation person at all; I leave that to my brother. But that table kind of provided me -- I met some of my closest friends on that ward, and it was there that I got to sit with [REDACTED], and we will probably talk about later, but [REDACTED] is my best friend and we met on the TCT, and [REDACTED] was really poorly when I met her, really poorly; and really, kind of, all we could do was sit together. But every day I got to sit there, and I got to do my work as well. But it kind of gave you a lot more than that.

I was adamant I was not getting a feeding tube and I believe I hold the record for the longest going without a feeding tube. Because of that table, I could sit there and actually eat something, which -- it sounds ridiculous, but even if you are having something like ice cream, it's calories and it's one step away from that feeding tube and it puts it off; and it's

one less ordeal to go through. I mean, you have got enough tubes, so that was so important for me, that I could actually sit down with my mum, my dad and my brother when he was home and eat something as a family; it was just really nice. It's kind of the small things like that that you forget that you are going to miss. So that provided a lot, that table.

**Q** How long would you say, on average, would you spend a day in there?

**A** The whole day, yeah. I think just -- if you stay in your bed all day, then it's almost like it makes you sick. Obviously we are all unwell, but your attitude contributes so much to that; and if you stay in bed all day and you just lie there, you feel sick; and then it's really hard to get out of that, once you fall into it.

And so, kind of, getting up every day and even that short walk along the corridor to get to that room, that's aiding your mobility. So that was kind of keeping me on my feet, more than anything; because you would waste away in bed otherwise. And then I could actually sit and I could do my work or I could spend all day with talking, and we did spend all day talking. I don't know how she's not fed up with me. We would sit and have --

like, we would watch TV and when the Bake Off was on, you forget you -- you can't watch things like that. But it was all day, until I had to go to bed or if I was on chemo or if I wasn't well, I would go back into my room, because you want your dignity in that sense, but otherwise you would be there all day.

**Q** And going back to the point about the food. Is that something that is helpful to have friends there, when you were sitting there with the food in front of you and maybe you didn't want to eat it?

**A** Yes, yes, because it's kind of like forcing yourself to eat. It doesn't -- nothing tastes right. You're not hungry. Your tastes change completely, so you fancy different things. So it's really hard to know what to eat and to bring yourself to eat. But if you are distracted, that's brilliant, like you could sit and eat crisps all day if you are talking to someone and that sounds really bad for you, I know that, but it was calories; so I mean, the nurses and doctors didn't care at that point.

**Q** And something that you touch on in your statement, without intruding into the detail of conversations; somewhere where you could have difficult conversations with friends like [REDACTED]?

**A** Yes, yes. You are very -- I certainly was very conscious that certain things that I might want to talk about would upset my mum and dad, and kind of like I said, I could detach myself from my feelings and because of that, I could forget how much it would upset someone else, something that I might say.

So for instance, I was never told the staging initially when I was diagnosed. My mum and dad didn't really want to know that. That wasn't something they wanted to know, and I completely respected that. But that was something that I did want to know, so I was able to kind of have those discussions away, without worrying about upsetting my mum and dad.

And just things that you are worried about as well. I mean, to be perfectly honest, it's -- like, it's quite natural to be worried that you might not make it, if you're going through all of that; and that is not something you want to say to your parents, because that's probably one of the most horrible things you could say to your mum and dad, that you're worried about that.

So those kinds of things, that it's kind of normal that you could be worried about, that other people were worried about, that provided that space for you, that you could have that

discussion or at least it provided you the space to meet people, in order to have discussions, because if we weren't all in the room, we would be Snapchatting each other, so it enabled that for you, give you a safe space.

**Q** Now, I'm still on this tour and I want to find out a wee bit about people again. I'm going to come to talk about the doctors and the nurses in a wee while. But we are in the Teenage Cancer Trust common room and I want to hear something about some of the people that work in there, and there's one person in particular.

**A** Ronan.

**Q** Yes. Tell us about Ronan.

**A** I have got a lot of time for Ronan, a lot of time for him. I mean, a lot of people in the ward become -- you are so close with them, you spend all day with them, and you get quite -- you hear about their families there. They are involved in one of the most -- the most traumatic thing about your life, so naturally you end up building the trust with people and you know about their lives; and it was nice to see he had a young family and stuff, so he would be speaking about that.

But it wasn't just that. He seemed to -- he took the time to understand people and whilst we were

all sick on that ward and we all had that in common, but that wasn't the only thing about us. That wasn't our whole personalities, and so naturally people are going to clash. Not everyone is going to get on and that's perfectly all right. But Ronan really took the time to understand us, so he would know who would get on and he would introduce you to people that he would know: oh, I think they are going to be friends. And he just had a knack for that; he was brilliant at it. But I mean, even if he really didn't want to, he would just sit and he would spend time with people, and kind of give you a break. He was really good -- he was good fun. Really good fun.

**Q** Did he organise activities and things like that?

**A** Yeah. Even just -- I mean, it was very rare that we were allowed a Dominos, because we all had to have good enough blood counts in order to have a Dominos; but if we could, he would order us pizzas in and we would all sit together. Something as small as that, just sitting together. Or he would go down to Marks & Spencers and get things you fancy, different food.

But kind of aside from that, he organised guitar lessons for me when I was in for a long spell, because he

knew -- I told you, I thought I taught myself guitar when I was 15, but I didn't really. I wasn't very good. But I used to laugh about that with him, and so he went and found a guitar teacher and he organised that for me, and this teacher used to come in once a week with -- and I ended up kind of learning some of my favourite songs because of him, so he used to do things like that. He would understand people and then organise things. Because of that, you weren't just forced into doing something that you wouldn't enjoy. It was always thought about, which was - - it was personal. It was nice.

**Q** And am I right in understanding that his job title broadly was the Teenage Cancer Trust coordinator; is that right?

**A** Yes, yes. He was the support coordinator.

**Q** Sorry, on you go.

**A** Just the support coordinator, yes.

**Q** And was he also funded by the Teenage Cancer Trust, then?

**A** Yes, yes.

**Q** So are we right in understanding, then, that the room, the equipment in it and Ronan are all there because of charitable donations; is that right?

**A** Yes.

**Q** More broadly, from what you saw at the time, would you say that charitable fundraising was vital to the services that were provided on the ward?

**A** Oh, completely. I mean, otherwise, we all live on that ward; unfortunately you are going to be there for long spells of time. Some people, some people are there for like a year. It's horrendous. But because of that, it needs to be a bit more than a hospital room. You need certain facilities in order to make life easier. And so the fundraising that people were doing, a lot of it was ex-patients and their families that would fund raise. But specifically things like the Teenage Cancer Trust, that would make all the difference. That would kind of make it as much of a home away from home as it could be; as comfortable as it could be, yes.

**Q** Thinking about some of these other charities, then. Is there any that spring to mind that you would want to mention?

**A** Yes. I mean, there was - - obviously there was the children's hospital charity. They were on board. But there is the John O'Byrne Foundation now.

**Q** Sorry, I didn't catch that.

**A** John O'Byrne

Foundation. So John O'Byrne himself was in hospital all the time as a child and he still has his own difficulties, he is disabled himself, but he would spend all day at that hospital, and he would get things like concert tickets for people or he would get toys for the kids or laptops and things. And similarly, the Les Hoey foundation did the same thing. That was again, he himself, his daughter had leukaemia, so a lot of the time it's people with connections like that, but --

**Q** What is Team Jak? You mentioned Team Jak. What are Team Jak?

**A** Oh yes, Team Jak. They provided snacks. So they used to come in -- it was always the best day when you would look in the cupboard and the kitchen facilities and it was stocked, so there was crisps, and this is quite bad but I only like salt and vinegar crisps, so we all used to hide our favourite things. But they would provide things like that, and juices, and for the wee ones there was always tons of sweets.

But like I said, the nurses and doctors didn't care what you ate, as long as you were eating. So like tasty things like that, that they provide, that made all the difference for some kids.

**Q** Okay. Let's move to your

bedroom now; and think about the rooms in the Teenage Cancer Trust area of the ward. Those rooms would be larger than the other rooms; is that right?

**A** Yes, slightly, yes.

**Q** And what about the -- were there any other differences; mattresses, for example?

**A** Yes. That was our secret; I suppose it's out there now. But we used to have better mattresses. I think it's because at one point, there were so many of us that had to stay in bed, so maybe not the best reason why we had them, but they were really comfy mattresses, kind of like padded mattresses and stuff. We had to have bigger beds as well, because a lot of people are adult size as a teenager, so it was -- if you were in the other rooms and there wasn't an adult bed available, then you were kind of cramped up. So it made the difference in that sense. It was a lot more comfortable. There was more cupboard space. You accumulate a lot of stuff when you are in the ward, and so having that extra space was fantastic.

**Q** And you used the storage space; is that right? That was quite useful for you?

**A** Yes, yes, definitely.

**Q** Was there anything in particular that you would hide away in there?

**A** I had tons of sweets and things, and crisps and snacks.

**Q** So the sweets weren't just for the wee ones; is that right?

**A** No, I used to kind of hoard sweets, which was bad, but --

**Q** What about the bathrooms? We have obviously had quite a lot of evidence about and I think we all understand that it's based on a wet-room design; is that right?

**A** Yes.

**Q** Were there advantages to that?

**A** Definitely. I mean, if you were in a chair, for example, like if you couldn't actually get out of -- get up to go to the bathroom, there was a lot of room to manoeuvre, because of that, and there's aids, like for the toilets and the shower, to help you stand up, and there's a seat and things. So there was a lot of room and you kind of -- there's a lot of space if you needed help in the bathroom or things like that. So it kind of made -- you lose a lot of your mobility when you are going through treatment. And so, as much as it can be really embarrassing at first, you need that, you do need those facilities. You need the kind of help

with that. So it was really useful to have, yes.

**Q** Okay. Imagine that I'm not 15. I am, in fact, 12 and I've arrived and you are giving me a tour. The first thing I want to know, I have seen the Teenage Cancer Trust common room and I want to know: what is there for me, aged 12?

**A** So that was the kind of horrible part, in that that used to break our hearts, especially. There was one particular time that we were sitting in the common room and a boy came in and, I mean, he was hooked up to all his drips and he looked sick; like I was saying earlier, that your mentality has a lot to do with it. When you are so deflated like that, you look sicker, and he did. But you could kind of see him starting to perk up. We just assumed, because he came in there, what age he was. So we helped him set up the Playstation and he was sitting there, and he was quite happy. And then one of the nurses had the absolutely horrible job of coming in and having to ask him if he could leave because you can't stay there if you're not 13. And so, even -- we all watched this boy perk up completely and you could see his mood lift and he felt so much better and then that just kind of dropped, and he had to go out of the room. But you



are too old for the playroom. That's for all the wee ones. There's small, small children's toys. And so they are confined -- you are confined to your room. That was a particular gap in that provision, that I would say about 8 to 12 was the worst of it, probably about 7 to 12.

Of course the play team on the ward, they would try and provide as much as they could, and it just wasn't the same; and there was no way for people that age to meet anyone as well. So it must have been so isolating. I can't imagine that.

**Q** Let's go up to date a bit on that question; when at some point, hopefully soon, the Schiehallion unit reopens on ward 2A and the 12-year-old arrives. What facilities will there be for the 12-year-old now?

**A** There will be a common space for the kids that are too old for the playroom and too young for the TCT.

**Q** And is that a space, the allocation of which has been funded by a charity; is that right?

**A** Yes. So [REDACTED] and myself, because of that day -- we always knew that we wanted to do something to give back. I think that's the -- everyone has that in their head, that you want to do something. But we

wanted to do something big. We just didn't know what. And then that day, that that boy had to leave, that was horrible and that stuck out to us.

And so we wanted to see what we could do about basically creating TCT, but for that age range. And I think we wanted an excuse to wear fancy dresses. So we decided that a ball was the best way to do this. But we set out and we thought: 3,000 is a lot of money to raise; we would be really lucky if we get that.

But then things just started picking up and picking up, and we never actually had to advertise the ball. We were so incredibly lucky that, just by word of mouth, we completely sold out and we had 750 people there and it was an incredible success; and on the night, we raised over £250,000, but today I believe we are now at 330, which is just, I mean, unbelievable money. I think -- I love calling it a quarter of a million, because I feel like that makes it sound even better.

But people's generosity, when you -- I think, because we told them something tangible, something that they could actually see what we were going to do with the money, we had a plan and we had agreement that if we could fund it, that they would let us do it, and so they would find a space for

us. I think because of that, a lot of people were even more eager to give the money and the money that was getting thrown about the room that night, I didn't even know money like that existed. It was incredible.

And so the rooms -- we found a space now.

**Q** I'm going to ask you some more about the ball, and all of that, towards the end of your evidence. But just when you speak about the room, the room that ultimately is going to be used for this. What did that room used to be?

**A** It used to be a room behind the nurses' station, but if you were a patient in one of those rooms, it was kind of horrible. The nurses have to be able to talk, they have to communicate. We are a high dependency ward, and the lights need to be on. They are working all night, just as much as they are during the day. So if you are in those rooms behind the nurses' station, it can be quite noisy; and the only patients they used to be able to put in were small children that they were keeping a close eye on, because otherwise it just wasn't nice for anyone. And so one of those rooms is now our common room, because there won't be anyone in that overnight, so that's officially now

ETYC, so the same as -- we called our ball Every Thank You Counts, so we kept the ETC from that, for 8 to 12 years club.

**Q** Okay. So let's go back to 2018; and I'm coming to the end of the tour of the Schiehallion unit. And I'm just going to ask you to sum up what sort of place it is. What would you say?

**A** A happy place, completely, certainly before everything went wrong. It sounds bizarre to say, because I know it sounds bizarre to say, because a children's cancer ward does not sound like it would be happy, but children are so resilient. I mean, the teenagers were the mopey ones, we felt sorry for ourselves. But because kids don't understand the gravity of the situation they are in, they used to be running down the ward hooked up to their lines and their parents would be running after them with the drips, and we used to be in horrors but they just didn't care. They were having fun and they were playing. It was a really nice place to be. The nurses and the other staff, they make it a happy place, so it's --

**Q** I think in your statement, you describe it as a wee safe haven?

**A** Yes, oh completely.

**Q** A home from home?

**A** (Nods)

**Q** Okay. That is the very end of the tour. You've assured me with the description of your safe haven. But I'm a child. I have just had this diagnosis, and I'm scared of the illness, and I'm scared of the treatment. So I guess the next thing I would want to know about is a wee bit about the nursing staff and the doctors. Let's start with the doctors. Your consultant was Dr Sastry?

**A** Yes, Dr Jairam Sastry.

**Q** Tell us a bit about Dr Sastry.

**A** If you told me that man could walk on water, I would genuinely believe you. He could tell me the sky was green and I would believe him. He is incredible and, I mean, I literally trusted him with my life and any opinion he had on what he thought I should do with my treatment, I would listen to him completely. I mean, it sounds quite creepy: I have even got a picture on my wall in my bedroom from the day I rang the bell, of myself and one of my friends and Dr Sastry. He really means a lot to me.

**Q** Not just thinking about him, but the doctors generally and the nurses. Were they good at explaining what was going on?

**A** Yes, yes. Their language was -- it was incredible, the

way they did it for us. In the start obviously, it is a horrible situation to be in, and so they don't fully -- So now I can say I had a tumour on my -- that was metastatic, so it spread and it was malignant. I can use all these horrible words that you would never want to hear. But Dr Sastry just told me, he said, "Look there is a small lump and it's spread a wee bit, it's also in your lungs and it's in your back, but we are going to treat it and we are going to fix it". And it's very much, it's soft language and as you progress through and as you become more comfortable with it, they use the proper terms for it, and the nurses and things. But they don't throw that at you. They don't terrify you or anything. They are very good at understanding you and they kind of take the time to understand you and how you might like to talk about it, or you don't want to talk about it sometimes. People just want them to get on with it and they completely respect that. Yes, I just -- I thought it was incredible, the way that they used to speak.

**Q** Despite them using -- you describe it as soft language; did you understand what they were saying to you?

**A** Yes. I mean, if I wanted them to elaborate, they would have,

completely. But it made it, I think, easier to understand; because if you didn't, no one goes into this with a medical degree. You don't know all these big fancy terms. A lot of people don't know what metastatic means. And so saying things like that would terrify someone, if they are throwing words. So just saying it's spread or things like that, and not throwing a stage at you either. I think it's easy -- they have not broken it down too much that you don't understand the gravity of it or that you don't understand what you are going through, but they don't bombard you with anything.

**Q** So does it follow from what you have just said that, from what you saw, what you have heard, that it is possible to be soft in your language, but also be informative?

**A** Yes.

**Q** And does it follow also from what you have just said that it was a bit of a two-way street? Were they kind of watching you and listening to you and trying to work out what you wanted?

**A** Yes, completely, and sometimes they would just straight up ask me.

**Q** Do you think it's -- do you think that's the appropriate way to communicate with...?

**A** Yes. I think obviously, I mean, a lot of the time, at the very start when they first meet someone, they have to have a single approach and so with everyone, I think they use kind of soft language. But as they got to know me, and they knew and understood that I like knowing all the information and I like to understand it and it interests me.

So they used to actually sit and take the time to explain things they didn't need to explain, just like how something in my body works, and then they might explain how it works in a normal person and then explain how it's gone wrong for me. That's not something they actually have to go over with someone, but they took that time to understand that that's what I needed, that that made me feel safer having all the information. I felt more comfortable if I understood the science and understood why it happened to me and I didn't -- I didn't feel bad about the fact that I was sick because of that, because I knew and understood it wasn't my fault; and so they were brilliant at assessing me in that situation.

**Q** Did you get any sense at any point of how they managed with somebody maybe who was less interested in the science or maybe had

less ability to understand the science or whatever?

**A** Yes. So a number of my friends, they didn't want anything. They just -- "I want to know what I need to do to know" and that's it and just leave it. And so for them, it was still kind of probably soft, but informative.

**Q** Yes.

**A** Maybe it picked up a bit, they used the official terms a bit more as they went on through their treatment, but it was never more than they needed to know. It was always just enough to make a decision.

**Q** And you also spoke about them listening to you and picking up on what you wanted. Can you think of any examples of where they were particularly responsive to something that you thought was going on, and maybe they didn't, but they were prepared to indulge you?

**A** Yes. So you are not supposed to feel blood clots. That is --

**Q** What do you mean, you are not supposed to feel them, touch them or ...?

**A** You shouldn't be aware that you have a blood clot in your body, until it is a bit too late, that kind of thing, until it is causing a real problem. You shouldn't feel a small

blood clot; you certainly shouldn't. But I was very aware, and so I took mucositis a lot, which is the lining basically of your whole tract breaks down, because it's fast replacing cells, so the chemo attacks that too. And so basically you end up with just ulcers all the way down and because of that, we thought that that's maybe what I was feeling in my throat but I was adamant that I didn't have an ulcer and I could tell that they thought I was maybe a bit mental, but they listened to me, that I was positive that I could feel something when I was swallowing and I had an ultrasound and, right enough, I had a clot in my neck that had dislodged from my line and it was tiny, but they did listen to me and Dr Sastry actually came in and said, he apologised. He said: "I'm sorry, I never believed that that could have been that". But I didn't mind. I thought I was wrong as well, but even if it seemed that it was really farfetched, they would listen.

**Q** That leads me to just one final question on this issue with the communication at this point. Just at a general level, without going into details, but at a general level, if the doctors or the nurses didn't know something, would they say that?

**A** Yes, yes. I mean, they

always did. I had a really good relationship with the doctors, especially the junior doctors. I got on really well with them, especially Albert, one of them; and they were always very good. If I asked them a question, or even with Dr Sastry or the nurses, I would ask something and they would say "Look, I don't know, I will find out for you" and they would always come back. And even if it was just coming back to update me, "I'm still trying to find out, but we are going to get to the bottom of it", they would do that. And I much preferred that, just being upfront, because then you know where you stand. It's a lot easier to make a decision and to feel more comfortable with where you are at in your treatment if you have all of the facts. And if someone is kind of tiptoeing around things, you might misunderstand. So being upfront like that, I think it's really important.

**Q** Okay. Let's move forward, then, and start to look at your story and your treatment in particular. Let's start with plans; and be reassured, Molly, I'm not going to walk through paragraphs of your statement, so you don't need to look at it. But as I said earlier, take me to it, if you --

Let's start with the plans. What was the treatment plan at the start?

**A** So for metastatic Ewing's sarcoma, you would have 14 cycles of chemotherapy in total.

**Q** Did you say 14?

**A** 14. And so you would have six of five-day cycles of one set of chemotherapies, and so every -- and this would be in 21-day cycles. So every 21 days, I would -- hopefully I would restart on this chemo cycle and it would last five days and then I would have a break in between.

And so then at that point, we had imagined that I would have my surgery to remove my primary site at my chest wall and reconstruction thereafter. And then I would have the remaining eight chemos, which was again 21-day cycles, but it was three days continuous; and alongside that, for the first six weeks of that, I would have radiotherapy and that would work on my lungs and my spine.

**Q** Yes. Now, what was -- in terms of looking ahead, when was it anticipated at this stage, so thinking about January 2018, when was it anticipated that you would have the surgery?

**A** I believe the summer.

**Q** But was it explained to you by Dr Sastry and others that, although you liked plans, the plan had a bit of wriggle room in it, as you just

said.

**A** Yes. You have to allow for wriggle room, because your counts have to recover in between times sufficiently in order for you to restart chemotherapy, because they can't just keep throwing it at you. You have to have a sufficient level of white blood cell counts, so that you would be able to fight things off. Obviously whilst you get chemotherapy it does lower your immunity and sometimes you are at point zero; and that's when you are neutropenic, they call it. So whilst you are neutropenic you can't get chemotherapy. So if you have not recovered sufficiently, then you have to keep waiting until you have, so sometimes the 21 days, it's like 21 plus two days, say. And so I knew that there was going to be -- I knew that there was going to be some extra days here and there, but I was hoping.

**Q** Yes. And I think we can see from your statement, and for those who want the reference, we are round about paragraph 74, that even before you started the treatment plan, there was another bit of planning that you had to do. Are you able to tell us a little bit about that?

**A** Yes. So because of the chemotherapy, I would most likely not be able to have kids, and so there was

a way that -- it was a new thing at the time that I could have gotten; and basically I would have come through to Edinburgh and I would have had, kind of like, a section of my ovary taken away, so that in the future, if and when I decided I wanted children, that I could do that, and I could still have my own kids. Because obviously it doesn't affect your womb or anything; it just affects your ovaries.

But unfortunately that was a three-week-long procedure, if you like; I would need a number of things before the actual operation itself. So I had -- I think, I know I was 15 and that was, I mean, it's never something you want to have to make a decision on at that age, but I think you either know or you don't know if you are a kids -- if you like kids or not. And I did know I liked kids, and so I wanted to give myself the opportunity that if I did.

But like I said, I trust Dr Sastry and I trusted him from the get-go, that whatever he told me, that I would listen to him. And he didn't think I had the three weeks; that I probably wouldn't have had the same outcome treatment-wise, had I waited those three weeks. So I had to choose to give that up, which it's not nice. I think of it an awful lot. But you can always adopt. I have to be here to do that.

So I think that was kind of the reasoning behind that. But it was a big scary adult decision to make at 15. I mean, I'd never even sat my exams yet, and I was deciding whether or not I wanted to give myself the opportunity to have kids.

**Q** You mention exams. That was the other bit of planning I was going to ask you about. You had your prelims coming up?

**A** Yes, I was days away from my prelims when I was diagnosed. And so obviously I couldn't go into school; and so I had to postpone them, when I would be able to -- and I was adamant that I was still sitting my exams in May, because like I said, I had this plan and I was going to be a doctor. It was not going to deter me. So in order to do that, I had to get As. And the only way I would get As is if I sat those exams.

And so I got in contact with school, and they were brilliant. I was very, very lucky with my school that they provided all the work I would need, and I worked through it on the ward, and sometimes teachers would come up and tutor me. And I had a brilliant relationship with my languages teachers, so they used to come up to the ward and stuff, and work with me. So I had to kind of postpone my

prelims to sit them round about the same time as my exams.

**Q** We will come on to that. Now, let's move back through the story of your treatment. Your first cycle was in January 2018, I think, and obviously there's preparation for that, and I think you had a Hickman line fitted; is that right?

**A** Yes, I did.

**Q** And I think you explained to us in your statement that that's different from a central line; is that right?

**A** Yes.

**Q** And you also describe in your statement, you mention the process of flushing the line. Can you tell us a bit about that?

**A** So obviously the blood products go through the line; we have our bloods taken. But also when you are not using the line, blood kind of flows back through it and it's just natural. So blood is a very sticky substance, so it can get clogged basically in the line, if you don't continue to flush it; and if it gets blocked, then that's another procedure that you need, because you can't afford to have a blocked line. You need to have things to be able to go through it and you also need to be able to aspirate from it. So they had to



maintain, like every couple of days that you would flush the line, in order to avoid that extra procedure of having to have it removed and in again.

**Q** And when you were at home, how was flushing of the line undertaken?

**A** So the outreach team; there was an outreach nurse assigned to different areas. My outreach nurse was Anne and she would come out to the house. If I was ever in school, she would also come to school, but that was very rare that I would have gone in. So she would come out and she would take some bloods and then flush the line.

**Q** Yes. I mean, you say it was very rare when you were in school. Am I right in understanding that Anne did actually go and visit the hospital, and I think your dad did too; is that right?

**A** Yes, just when I was initially diagnosed because, from an infection point of view, just to kind of explain my situation and then also talk about how it would work with my classes. But the main priority was about my line; what happens with my line, because I mean, it goes into one of the main veins into your heart and if someone pulls that, then it's not a very good situation to be in. It was a very

dangerous situation. And so they needed to know that I have to effectively pinch it under the skin until the ambulance comes, so that you don't bleed out. I mean, that is a horrible thing to say, but people bang into you in the corridor in school; so they had to know what would happen in the worst-case scenario, what they would do.

**Q** Okay. The treatment itself begins. You are discharged after that brief -- five days, did you say?

**A** Yes. I went in on Tuesday and I got out on the Saturday.

**Q** Am I right in understanding from your statement, paragraph 73, that you didn't take all of your anti-sickness drugs?

**A** Yes.

**Q** Why was that?

**A** I probably thought I was better than that. I thought that I would be fine and that I didn't need any extra medications and that I would just get through it; and that is my biggest regret, I would say to date. I don't know why, on (inaudible) chemotherapy. I think that was just a bizarre decision to make. But I also didn't want, I knew that it couldn't -- I don't like not being completely aware of things, and with certain anti-sickness medications, it can make you

not sober, is probably the best way to describe it, and awfully sleepy as well. And I wanted to avoid that as much as possible, and I thought I would be able to manage the sickness, because it's -- but obviously that was a huge, huge mistake.

**Q** Yes. And are we right in also understanding that you began to lose your hair pretty quickly?

**A** Yes, yes, I was unfortunate. We thought it would be a couple of rounds of chemo before I lost my hair, but I lost it after my first round. Well, I started losing it all in one day effectively, so I just went to my hairdresser and shaved it off.

**Q** And is that where the likes of the TCT room becomes quite important, when you're starting to notice some of these things; is that right?

**A** Yes. It's not a nice thing to lose your hair. I think that was the biggest thing that bothered me, is that I -- is wigs, and it still, to this day, bothers me and my hair is coming in now. I still wear wigs. But when you are on that ward, everyone is in the same boat and you are actually the odd one out if you have hair, which is bizarre to say. So you're normal. You don't feel sick, because I hated letting anyone see me without my wig. But I

was absolutely fine on that ward, because everyone was the same. So it helped you come to terms with that.

**Q** Yes, okay. I think we can see from your statement that you hit zero immunity on day 10. Did you get home by that stage then?

**A** Yes, so I got out.

**Q** And I think that was round about the first time you experienced your first temperature spike?

**A** Yes.

**Q** And did that become a pattern for you, that day 10 spike?

**A** Yes. The very first time it happened, it was just anticipated. It was something like a cold and that's normal, or it was just a reaction to me having chemo for the first time. Because a number of things can cause you to -- for your temperature to raise. Pain can cause your temperature to raise. So I mean, I probably didn't help myself not taking anti-sickness to start with. That probably had a big thing to do with it. But from then on out, I didn't seem to get a break from that. After my second chemotherapy, I was having it, and then it just kept going on, and I think there was one time I didn't spike in between chemos.

**Q** And are we right in understanding, we have already

collected evidence from others on this, are we right in understanding that you were aware that there was a protocol for dealing with a temperature; is that right?

**A** Yes. So if your temperature went above 38.0, then you phone the ward. At that point, they tell you to take paracetamol in order to lower your temperature, allow it to regulate, and they take a note of the time. And if you live more than an hour away, you need to get an ambulance, because it can go downhill very quickly.

**Q** Is that to do with sepsis?

**A** Yes. So if you were -- if you were to take sepsis, then it's like a golden hour, they call it; and so if you live more than an hour away, you need to take an ambulance at that point.

**Q** Now, let's move into your second cycle, so February I think that would be, after your 21-day recovery. Now, mucositis, I think it is something you have already mentioned this morning. I think we can see from your statement, at paragraph 82, that that was maybe an issue you began to be more aware of in your second cycle; is that right?

**A** Yes. So like after the first cycle, my throat was a bit sore and I had one or two ulcers, but it was

manageable and I could kind of take throat spray and things, and that was fine.

But at the second one, it started off the same way, but then it just got progressively worse. And then I ended up having to be hospitalised for pain management. I mean, it's effectively like third degree burns in the inside. It's a horrible thing for people. And so pain management is usually -- and it's usually a PCA pump for the kids when you get that.

**Q** Is that because the chemotherapy attacks the rapidly growing cells; is that right?

**A** Yes, so the fast replacing cells in your body; so kind of that whole lining, your hair and it can also affect your skin. That's why you are so sensitive to the sun as well, so ...

**Q** Yes. I think we can see from your statement that, again, there was a spike at day 10?

**A** Yes.

**Q** And then there was an admission. Now, I think on this occasion, you were not admitted to ward 2A. You weren't actively receiving chemo at that point and you were admitted, I think, to ward 3A in the children's hospital; would that be right?

**A** Yes, I was, yes.

**Q** Now, if you are looking for the references in your statement, Molly, it's around about paragraph 84 or so that we are at.

**A** Thank you.

**Q** The reason I mentioned that paragraph is that I think you say that the protocols didn't move with you, if you were on 3A. What did you mean by that?

**A** No. So when you are -- on Schiehallion, because like I said, we could go downhill very quickly, so every four hours, kind of, the very least, so sometimes more often than that, but you would have your temperature taken, your blood pressure taken and your heart rate and your blood oxygen taken; and that was routine. That happened every four hours like clockwork. And it was always really useful. I mean, they were able to pick up really quickly if something was wrong. And they also used kind of more accurate measurements on the Schiehallion. But -- and that is the Schiehallion protocol. That's supposed to follow us as patients; that same treatment, we are supposed to get that everywhere because, just because we are off Schiehallion, it doesn't mean -- very quickly we can deteriorate changes. But when I ended up on that ward, that

was happening.

And when they did come round to check my temperature, it was an in-ear thermometer and a lot of the in-ear thermometers in the hospital weren't calibrated properly, so whilst it was saying that -- and I think it did still say that I spiked or I was on the verge of spiking, but it wasn't enough to cause concern. But when we actually tested it with a Tempadot, which is what they used in the Schiehallion, it was above 39, which is really high and quite a worrying temperature. And so that wasn't falling away.

Bearing in mind that I was on pain medication, you are supposed to have your heart rate -- you are continuously on a heart rate monitor and if they are not coming in to look at the heart rates and things, that is quite worrying. So that needs to be measured.

**Q** And you mention the pain control, pain management. Were you on something called a PCA?

**A** Yes. So patient control -- So it's basically like a big syringe and you can have a background flowing, and it just kind of gives you a background infusion to tide you over; but you also may need a bolus, you press it yourself. There was a bit of a time lock in between. You couldn't just

keep pressing over and over. But it would allow for you to get, kind of, that just wee boost every so often.

**Q** Was that to do with the mucositis?

**A** Yes.

**Q** Did you go back on the Schiehallion to enable that to happen; is that right?

**A** I think initially, yes. I was on the Schiehallion; yes.

**Q** And I think we can see from your statement, towards the end of this cycle, so I think we are around about paragraph 88, Molly, if you are wanting to check that, was this one occasion where it took a bit longer for the bloods to recover?

**A** Yes.

**Q** And you were a bit concerned about the deviation from the plan?

**A** Yes.

**Q** And you had a chat with Dr Sastry about that?

**A** Mm-hm. He had to reassure me. I don't like deviating from plans.

**Q** Well, you mention deviating from plans. You'll recall Lord Brodie's plan that we have a mid-morning break. Molly, we still have quite a way to go in your evidence, but it is up to you. Do you want to keep

going or do you want a brief break just now?

**A** I'm okay. I don't mind. I'm quite comfortable.

**THE CHAIR:** You are in a good position to judge, Mr Duncan, and you are in a good position to judge. I'm in a less good position to judge. I will therefore defer decision-making. We had a late start. I'm sure my colleagues are prepared to follow your lead.

**MR DUNCAN:** I think we should proceed. I think Ms Cuddihy will tell us if she wants a break.

**THE CHAIR:** Right. We will perhaps just proceed.

**MR DUNCAN:** Thank you, my Lord.

Let's move to the third cycle of your treatment, Molly. I might break this down a wee bit: Molly's story to begin with. I'm going to look at the story of the hospital in a minute.

Am I right in thinking, the third cycle is a bit -- it goes the same way as, or to begin with at least, the same way as the second cycle; is that right?

**A** Yes.

**Q** And more mucositis; is that right?

**A** Yes; quite early on that time.

**Q** Right. And the

harvesting of stem cells?

**A** Yes. So Dr Sastry thought that -- and at this stage I can say I'm very thankful this happened, but he thought it wise, since my bone marrow wasn't affected and there was no cancer cells present there, that in order to kind of bank my stem cells, that we harvest them. Because you can -- if you have healthy stem cells, then there is a type of treatment you can get and this would kind of be a worst-case scenario or a last resort thing, but they give you chemotherapy that is so harsh that your blood counts wouldn't recover without a stem cell transplant. But if you were to get your own stem cells back, then you are avoiding the risk of rejecting them, because it's your own DNA. So we at this stage began the process of harvesting them, just to keep them, just in case.

**Q** Can I ask how that is done?

**A** Yes. So I had injections, basically G-CSF, I think; and basically it encourages the cells to kind of come to the surface of your bone marrow and it kind of boosts those numbers, and so that it allows for the harvest to be easier and effectively it's like a cannula in one arm and a cannula in the other arm and they take the blood

out of one and they -- it goes into this big machine and it's basically like a big circle and it measures the weights. It's really clever, and it filters out the stem cells, based on the weight of them. And then it takes them off and then the rest of your blood comes back in -- out and you get it in the other arm. You are not actually losing any blood and at any one time there's about only a can of Coke's worth of blood outside of your body; but I mean, it is an incredible process.

**Q** And Dr Sastry explained all of that to you, I take it?

**A** Yes, yes.

**Q** Am I right in thinking also that, over this spell, you did get to go to school on one occasion at least; is that right?

**A** Yes. That is the first time I went to school since January.

**Q** Okay. Now, that is a kind of snapshot of your story in March. Let's try and maybe think about a different story, the story of the hospital. On 20 March, the then Cabinet Secretary for Health and Sport answered some questions on this, in the Scottish Parliament, about the Royal Hospital for Children and the Queen Elizabeth University Hospital. Was that something that you were aware of at the time?

**A** Well, in about the end of February, we were beginning to be aware that there might be some issues with the water, and we weren't to drink it anymore. And certainly in March, that was when there was a day in particular that we were told that "You have not to shower with the water" and the toilets were actually all shut off for a number of hours, so it was like: go now, your last chance, kind of thing.

And there was like -- you know at a festival, the kind of sinks you can fill up a bottle or wash your hands at, that are dotted about the place, they were on the ward; washing hands, because obviously that is imperative that you wash your hands on the ward.

So because of that, we were all very aware that there was issues; and I believe there was a letter, because it was mentioned, so it would be in the news, and they had to kind of let us know. But at that stage, I wasn't too concerned with the likes of Parliament and things. That was kind of more -- My dad focused on that.

**Q** What we are going to do for a spell, at least, is look at your story and the story of the hospital and for a spell, at least, we are going to consider them as two separate stories. We have got a bit of your story so far and what you are going on and what you

are focused on. Let's look at the hospital now. Now, you have touched on a number of points; one of them, the water.

So to go back to January 2018. If we just think about January to March 2018. To begin with, on the ward, were you using water in the normal way?

**A** Yes, yes.

**Q** And even at the start, was there some instruction around the use of the showers?

**A** Yes.

**Q** What was that?

**A** So there was always -- it was like a laminated poster up on the wall of the kind of wet-room and it said to run the shower for three minutes every day before use, to clear whatever was in it.

**Q** To what, sorry?

**A** I imagine, to clear whatever was in it.

**Q** That was going to be my next question. Do you know whether that was to make sure that it was at the right temperature, or do you know whether it was to do with the hygiene?

**A** You weren't actually allowed to use the water before those three minutes. You weren't supposed to.

**Q** Right. And I think in your

statement, you indicate you saw things start to change round about February, and you were using bottled water from then; is that right?

**A** Yes.

**Q** You also mention in your statement that, from time to time, the water would actually be turned off on the ward; is that right?

**A** Yes, yes.

**Q** How often did that happen?

**A** Two or three times, certainly it happened. But the one standout time was the time when even the toilets were switched off. That was --

**Q** That was a little later; is that right, in May?

**A** Yes, I believe so. But they would get switched off for a couple of hours and we never really knew why. We just knew it was getting switched off.

**Q** Yes. In terms of going to the toilet when the water was turned off, what did you do?

**A** So all the patients have to -- even if you are using an actual toilet, you still have to use bedpans, because they need to keep an eye on the kind of input and output of fluids. So it was okay for patients. It was more the staff and your families that it

was a real issue for.

I mean, certainly there was one day in particular with one of the doctors and they came in and they were very, very frustrated, and they came in and told us about how they had gone to use the toilet and they didn't know that -- they hadn't been told that the water was getting switched off, and obviously you need to wash your hands and they had to go to five different rooms before they found a sink, and he was horrified that he had moved without washing his hands. And this was all because they didn't know that the water was going to be switched off. There was no warning for medical staff. And that is so crucial. That is basic hygiene, that everyone washes their hands. That's not just even a medical staff thing.

**Q** And you said also that you saw these portable sinks or something come on to the ward, similar to what you would see at TRNSMT or something like that; is that right?

**A** Yes.

**Q** And did you see water filters on the taps?

**A** Yes, on all the taps and the shower. There was a big kind of bulky filter.

**Q** Thinking about what you,



at the time, were aware of at the time, in terms of the hospital situation. I think you said, you indicated, that you were aware of there being issues in the news; is that right?

**A** Yeah. So then things started to be put on the news that -- I mean, you would find out something was wrong from the news.

**Q** Yes.

**A** And I mean, some of the nursing staff used to get really upset when they got into work in the morning, because they'd heard it on the radio coming into work, that something was wrong and they had everyone phoning them, "What's going on, on your ward?", and they didn't know.

**Q** Was there quite a bit of discussion on the ward?

**A** Yes.

**Q** I think the way you put it in your statement, at one stage, paragraph 165, you say it was -- the communication and the discussion around it was all very disjointed?

**A** Yes. It was very lacking, in the sense that it's scary to see that there's issues from the news and to -- I mean, I was getting messages from my friends, like "What's going on, what's going on in your ward?" and I said, "What do you mean, what's going

on in my ward?" That's supposed to be where you are getting treatment and other people are aware that there's issues before you are. I just -- that was kind of beyond me.

But even for the staff, it started to kind of break down trust for -- between certain patients and staff, because it seemed as if maybe they were keeping things from you, but they genuinely did not know themselves what was going on. And so it was very easy to believe that things were being kept from you, but for the medical staff, a lot of them were in the same position as we were.

**Q** Thank you. That's all very helpful; and it gives us a picture of what your awareness was of the situation by the time you reach your third cycle in March. And really what I was trying to get a feel for was just how much of those issues were in the background for you, or to what extent actually you were already starting to worry about what was going on in the hospital; and is it that you were starting to worry about what was going on, even at that stage?

**A** Yes. I don't think I quite realised the severity of what could go wrong with there being issues on the ward; but it did start to get really worrying. There seemed to be

something going on and you didn't quite understand it, but I don't think -- as much as I was aware that people would get sick because of it, I don't think that I quite understood how bad that was, until I got sick myself.

**Q** Yes. I think you say at paragraph 165, I paraphrase: we knew there was a problem, we just didn't know what it was.

**A** Yes.

**Q** Okay. Now, we'll move on, then, to your fourth cycle, which is April 2018. Now, Molly, I'm going to ask you: do you want to keep going or do you want a short break just now?

**A** A short break; is that okay?

**MR DUNCAN:** Yes.

**THE CHAIR:** We will break now.

**A** Thank you.

**12:02**

(A short break)

**12:20**

**THE CHAIR:** Right, I think we are ready to resume. What I didn't say, although again I'm open to any direction from Mr Duncan, is we will probably break at about 1 o'clock for lunch.

**MR DUNCAN:** Thank you, my Lord.

**THE CHAIR:** Thank you.

**MR DUNCAN:** Molly, can we move now to the fourth cycle of your treatment, which is April 2018, and it's round about paragraph 90 in your statement, if you are following your statement.

Now, again, I'm going to just focus on your story, rather than the hospital's story.

Did you have another ten-day spike?

**A** Yes.

**Q** Do you remember the date?

**A** Oh.

**Q** I said I wasn't going to test you on dates, but --

**A** The 13th.

**Q** Do you know what day of the week that was? Friday?

**A** Friday. Oh God, no.

**Q** Do you want to describe the ten-day spike that happened on Friday 13th April?

**A** So I had my temperature spike. When we did my blood tests, my CRP, so that's an infection marker in your blood, and that was particularly high in my blood count.

**Q** Sorry to interrupt. I think you said "incredibly high" in your statement; is that right?

**A** Yes.

**Q** Sorry.

**A** In the hundreds, which is quite a big deal. You want it in the very low tens at the maximum, kind of thing. And so that was, as I say, quite a big deal and we didn't know what was going on with that.

But I also needed blood, really badly needed blood products. I believe it was blood and platelets, so I was there all day. But I took an allergic reaction to the platelets, so that was the first time I ever had an allergic reaction to blood products and it was the only time, to be fair; but because of that, I needed kind of an antihistamine injection and things, just to kind of -- and from then on out, I had to get cover, what they call cover, whenever I got a blood product. And it's basically just, they give you the antihistamine before they give you a blood product, because they can't not give you it when your blood counts are so low. We believe it was just that particular bag that I had a reaction to; but you can't be sure with these things. So it wasn't a good day.

**Q** Yes. You were in quite a bad way?

**A** Yes.

**Q** And in fact, was this an occasion where you actually had sepsis?

**A** I can't remember if it was that one or if it was the next one. Yes, that was the first -- yes.

So my brother, he had been living abroad in [REDACTED]. So for his degree, it's French and politics, so he had to do a year out; and so he was living in [REDACTED] when I was diagnosed and because he was working, he couldn't actually get home. This was the first time he was home, because it was their Easter holidays; and the first time coming up to the hospital with me, and I took sepsis. And so I needed fluid bolus, we call it a fluid resuscitation, but when you get sepsis, it's basically your extremities, they just start to shut down, so that they can support your main organs, to keep you alive basically. And so they send fluids in, to keep everything circulating and to keep you going. And they can't use your line at that point.

So I had had -- the way I took sepsis was I had asked for anti-sickness and one of the nurses gave me anti-sickness and my line hadn't been used in a wee while, since it had been locked off.

As soon as I got the bolus I started to feel really poorly and then I started rigoring, which is, I don't know if anyone has talked about rigoring previously, but the best way I can

describe it is like a conscious fit, the way you shake. It's -- and your temperature is right up, but kind of like my chin was always the first thing to go and it's like you are cold almost, but effectively it's everything.

And the nurse that actually -- I have a really good relationship with this particular nurse and she got very, very upset because she thought it was something in her practice that happened, when she was giving me the anti-sickness. We obviously know now that it wasn't, and it was an issue with my line, there was an infection; but she was really upset and they couldn't use this line; then they had to lock it off, so they couldn't use that for the boluses. They had to try and get a cannula in me, but like I said, the extremities are kind of shutting down, so then your veins are going; so it is very, very hard to cannulate you in that position. I was very lucky. I am hard to cannulate normally, never mind when I have got septic shock.

So it was quite a scary position at that point. I believe it was a bank holiday. And so I -- the nurses were there and my poor brother, he was home from [redacted] for the first time, and he thinks he's going to see me, and he was sitting, and I believe it was 17 syringes he had to open, and it was

quickly, so they could just keep getting fluid into me through the cannula because it was only way. They were all having to -- one of them was trying to cannulate me; the other one was trying to push fluids in me. So had to keep opening these syringes for them.

I was very conscious that he was seeing me at my sickest so far, and then Ali was very upset as well. Obviously she was still acting as my nurse, but she thought she had done something wrong, and that was scary for me. I didn't know what was going on. It was a frightening situation. I mean, you see sepsis on adverts, that it's a silent killer, kind of thing. It's not what you want to hear.

**Q** And I think you said, at the start of your answer on that, that there was a clue that there might be an infection here; is that right?

**A** My CRP, my CRP.

**Q** The CRP. That is the C-reactive protein?

**A** Yes.

**Q** Now, are we right in understanding that, in addition, you were also reacting to your chemotherapy by this stage, in addition to the other reactions that you have already described, the mucositis and your loss -- and your nausea. You

are starting to lose skin on the soles of your feet; is that right?

**A** Yes. It was a reaction to the etoposide, I believe, one of my chemotherapy drugs. I had lost my nails as well. It was quite an odd reaction. That was the other thing that Dr Sastry found bizarre about me in my case, but it -- there just seemed to be so many things going wrong at that stage; yes.

**Q** I think you also had the beginnings of peripheral neuropathy by this stage; is that right?

**A** Yes. So I was starting to need a chair, a wheelchair. That was a big point for me. That was when I felt that I lost a lot, because -- that you look sick. Because I could put on a wig and I do my make-up and I could go out and see my friends and I looked well; but put me in a wheelchair and I don't look well anymore. So that was, not only could I -- obviously I couldn't feel my feet, up to my -- at that point, it was kind of up my leg, so just under my knee. And then my hands, so I couldn't hold a pen. I couldn't play the piano, which is something I'd done since I was 3. It's like constant pins and needles. So then I needed -- that was more medication that I needed to stop that. It was -- the rhythm was building at that point.

**Q** And I think we can see from your statement that you were discharged home on 20 April, I think that would be, give or take?

**A** Yes.

**Q** But, like what you have just described, there were other plans going on?

**A** Yes.

**Q** Do you want to tell us about that?

**A** Yes. So obviously that happened from the 13th to the 20th and my first exam was the 30th of that month; and I had yet to sit a prelim. There were those prelims that I should have sat back in January. And so because I was starting to take so unwell, including the sepsis and everything else, we thought the best way to look at it was one day at a time. So I would sit a prelim and then I would sit an exam and then I would sit a prelim and then an exam. So worst comes to the worst, if I have sat a prelim the day before and the next day I can't do it, then I have got a prelim as a back-up. I just had to play it by ear that way. So thankfully, because I got out on the 20th, I got to sit my first prelim exam.

**Q** And that was at home?

**A** Yes.

**Q** On 30 April?

**A** 30 April, Spanish.

**Q** Sorry, what was that?

**A** Spanish.

**Q** Spanish. But the fifth cycle was nearly upon you. I think you were back on 1 May --

**A** Yes.

**Q** -- to do that. It's paragraph 92, Molly, is where you talk about that.

**A** Yes. So obviously that then, because all my exams were grouped together. I took a lot of like subjects; so I did two languages, two sciences and then maths and English. Subjects that were alike tended to be together in the exam diet, and so all my exams were kind of lumped together. Like I said, I had to sit the prelims, so it wasn't ideal timing. So I needed to be on the ward.

But I was very lucky that the hospital and the staff on the ward were all very excited, because I was, I believe, one of the first to ever do this and actually sit the exams. They had a poster made that they could put up in my room, my hospital room, that said "Exam in progress, keep quiet", kind of thing. But it was -- considering I was so poorly, but I was adamant in my head that I was not poorly, that I wasn't sick and that I was doing these exams. But in hindsight, I crawled through

them, and I have no idea how I did it.

**Q** I think in your statement, you say you took a lot of anti-sickness medication; is that right?

**A** Yes. Oh, I was not sober at all. I have no idea how I understood those questions. It was a lot of medication to get me through it, so that I wasn't interrupted with side effects.

**Q** How many exams did you do; can you remember?

**A** Ten in total, because I did five exams and five prelims.

**Q** Now, I think, in addition to doing exams, you were also having chemotherapy, of course?

**A** Yes.

**Q** And you were on ward 2A for that, obviously.

**A** Yes.

**Q** And I think we can see from your statement that you were discharged home and then readmitted, I think on 9 May. Now, I think there were blood cultures taken at that time; is that right?

**A** Yes, because I was what we call "hovering". So my temperature was always sitting at about 37.9, 38, that kind of -- it never went above that; but it never came down. And they were concerned that something was underlying. But they also didn't want to keep me in, if they didn't need to, so

I was allowed out home; but they took blood cultures just to check again to see if there was anything wrong, because they kept taking them and usually cultures, I believe it's 48 hours they're kept for, because there's a range of bugs they check for. They were all coming back clean. But the CRP was high. I kept spiking and I was -- obviously I took sepsis, so they knew something was wrong. We just didn't know what.

**Q** Yes. I think we can see from your statement that you were discharged home, I think on 16 May, and I think the way you put it in your statement at one stage, there was a sense that you knew something was coming?

**A** Yes, completely.

**Q** But nobody at this stage knew what it was; is that right?

**A** Yes. I had -- they were quite concerned, and the doctors, because you could -- one of the doctors I mentioned before, Albert, he's quite like me. He likes things being organised and he likes puzzles and things, and so this -- they couldn't get an answer to this and they could not understand what was going on. I had all of these symptoms that should tell them that there's an infection there, but there was no infection that they

could tell. And I just did not feel right, and I was very good at knowing my own body and knowing when something was wrong. I could always tell. And I just wasn't right; and I admit, I probably put a lot down to: I thought it was stress building up on me. But it just wasn't right.

**Q** Now, we know that -- we will come back a little later to your sixth cycle and we will go to that in a minute.

Before I do that, I want to just jump from your story to the story of the hospital again. You have already touched on this earlier. Have a wee look at paragraph 184 of your statement. We don't need it on the screen, Ms Callaghan; just, Molly, if you can just have a quick look at it.

Now, you told us earlier about an incident where one of the doctors had been frustrated about not being able to get his hands washed; and I just wonder, is this the incident that you are speaking about? Have you got that?

**A** Yes. So the hand-washing incident?

**Q** Yes.

**A** Yes.

**Q** It looks like it was maybe in May?

**A** Yes.

**Q** And it was Dr Sastry, in fact?

**A** Yes, it was. And that was a thing he was known for in the ward. Whenever the FY1s came on, and he used to see the more senior junior doctors, they would -- they went out to make sure you have washed your hands, because Dr Sastry saw everything, and he was very particular about handwashing.

**Q** Now, you say in your statement, at paragraph 184, he watched people like a hawk?

**A** Yes.

**Q** That they washed their hands. Describe that incident to us. Describe how Dr Sastry behaved and what he said on this occasion?

**A** He is one of -- he's such a gentle, gentle man. He's one of these people that you feel, if you did something wrong for him, that he wouldn't shout at you, he would tell you he's disappointed. He's not an angry person at all.

But he was so visibly frustrated. I mean, he's trying to do his job. His job is difficult enough. He's saving children's lives and he can't wash his hands. They've not even told him that the water is off, that he can't wash his hands.

And he knew that my dad was --

that we, as a family, in general, were very aware of the issues going on and quite frustrated and we would speak out about it. And I think, because of that, he came and spoke to us about it, to kind of make us aware that they were in the same boat, that they weren't being told anything either. Why would you do anything that would make that job harder? That is beyond me. It was not a nice thing to see him so -- that was the closest to angry I think I'll ever see him. He was very, very frustrated.

**Q** And something else that you touch on in paragraph 184, and that you've just alluded to a moment ago; the context was Dr Sastry's standards in relation to hygiene. We have had quite a bit of evidence over the past few weeks about the standards of hygiene on the ward. What was your impression overall?

**A** I mean, I thought, certainly the practices of all the medical staff was exemplary. There was never any issues. I never felt -- like they would come in and if they'd gloved up, it was elbows to use the door. They would never touch a door handle after they -- say they had gone to the treatment room, or they would even get another nurse to come and open the door. If they had to touch it,



if they had to touch something, then they would go away and rewash their hands and they'd re-glove up. They would never ever dream of going anywhere near your line if their hands were not gloved up and untouched. And it was the same when the doctors did their check-ups. They washed their hands, but it was right up their arms they would wash; and when they listened to your chest or anything, it was -- I thought that it was perfect from that sense.

I mean, the cleaning, there was obviously -- there was issues, no matter. There were some cleaning staff that were very, very particular as well and you were aware of that. But like, no matter how many times, they used the same mops and the floor, even after it was washed, it was still -- say you spilled something on the floor and you go to wipe it up, the wipe is dirty. What they are given to clean, I think, was the issue there; the biggest issue, I would say with that.

But certainly with hand hygiene and everything, it was exemplary.

**Q** Yes, thank you. Now, let's move back to your story, then, and the sixth cycle; and I think we can see, it's paragraph 95 of your statement, Molly. We can see you are, I think, admitted back on 22nd May

and you are discharged on the 26th and you are back in very soon after that, on the 31st. I think the way you put it in your statement, at one point, is you say that you were really not well; following the discharge home, you were really not well. Do you want to walk us through that and describe that to us?

**A** I think that was when I had my last exam, or I was sitting a prelim or something, and my biology teacher, he actually stopped me in the middle of the prelim and said "We are not doing this" because, like, I couldn't -- he said "I know you know what you're doing, but you're going to end up getting a bad mark if you keep doing this, you are not well" kind of thing.

**Q** Sorry to interrupt. Was this one that you did at home, then?

**A** Yes, this was one of the ones -- a prelim I got to do at home.

**Q** Sorry, please continue.

**A** I was so tired; like getting out of bed was an effort and I just was really poorly; like I felt awful. Like I said, I knew my body quite well and I could always tell when I was going to spike and I knew I was going to spike that day; and I did, and I had to go up to the hospital.

**Q** And were you rigoring

again?

**A** So I got to the car park and then, all of a sudden, I just started rigoring as soon as I got there; and it was really bad. My mum had to take me up in the chair quickly, up to the ward. I was taken straight into day care, into one of the private rooms, and I mean, at least I remember that I was really, really bad that time with the sepsis, really bad.

I was not completely aware of what -- there was maybe eight or nine members of staff in there, nurses and doctors, and no one could cannulate me. And I mean, I was all over the bed. I could not stop rigoring.

And eventually it was Albert that came in. Albert had worked in neonates, and he managed to get a tiny vein in my hand so that they could do the fluid resuscitation.

But I mean, it was just -- my dad was away on a business trip at the time, because we didn't think anything was wrong. We thought that was my break in the cycle and things; and my brother was back in . So it was just my mum and I, and I mean, my mum was really upset, I remember that. I mean, it was -- I was very frightened at that point. I think that was kind of one of the first points that I thought, like -- I kind of fully

understood how sick I was and how dangerous it was, because -- especially when they were panicking that they couldn't get access into me. That was horrible; because the staff were -- as much as they were calming me, you could tell that they were really struggling, because no one could get it, and a number of staff tried until Albert came.

**Q** Now, I think shortly after this, you discovered -- you were given a diagnosis of an infection; is that right?

**A** Yes; mycobacterium chelonae.

**Q** Now, in a while, later today, I'm going to ask you a bit about your reflections on the way that that was communicated with you, and we will go through the timeline even on that.

But let's just go through the detail of what happened and then we will move to the reflections later on. So I think we can see from your statement, Molly; it's at paragraph 97 if you just want to reorientate yourself as to where we are. We can see that on 1 June 2018, you were told you have got a line infection. And in fact, was this the cultures that had been taken on 9 May, now coming back?

**A** Yes. So they had taken

all that time to grow, and I think the incubation period for that particular bug is between 15 days and I think eight weeks or something crazy like that. So that's why -- it takes so long to grow from the cultures, so we were very lucky it was kept.

**Q** Yes. And I think you said a moment ago, it was something called mycobacterium chelonae?

**A** Yes.

**Q** And it's got this tendency to take a long time to develop cultures in relation to it; is that right?

**A** Yes.

**Q** And I think you say in your statement, in fact, it's got the nickname "silent bacteria"?

**A** Yes, because it takes so long to grow; so effectively what I was -- what was happening to me, the spiking and everything coming back clear, it's -- you don't know what it is until you're really poorly.

**Q** Now, we can see from your statement, paragraph 185, that one of the microbiologists became involved around this time and had a conversation about the situation; I think it was Dr Inkster; is that right?

**A** Yes.

**Q** Now, was that a conversation with you or with your parents or both?

**A** No. So at the time, that was just with my mum and dad.

**Q** Why was that?

**A** I don't know.

**Q** What age were you?

**A** 15.

**Q** Did you have any -- do you think that might have something to do with it?

**A** I can understand why it would; but up until that point, that had never been the case and it was always my decisions.

**Q** Had Dr Sastry ever had any issues about what he could or couldn't say to you?

**A** No, he spoke directly to me.

**Q** Did Dr Sastry discuss with you himself -- thinking about the beginning of June 2018, did he discuss with you himself what it was that had happened, what the bug was and all of that kind of stuff?

**A** So he told me about -- that I had the bug, and we were told it was an environmental bug; so water or air or whatever. We were also told that he hadn't seen it in, I think, 25 years or something like that.

**Q** Yes. Molly, if it helps you, go to paragraphs 98 to 99 and everything you have just said is set out there.

**A** Yes. Like I said, it was environmental; and the kind of most likely cause of it was water. He had to liaise with a specialist in Edinburgh, who was kind of -- he knew all about this particular strain and bug. And he would advise them on treatment. So his decision was that it would be two months of IV antibiotics, and thereafter it would be oral antibiotics.

**Q** If you look -- sorry, Molly.

**A** No.

**Q** If you look at paragraph 99, just look at the very first sentence. He was very upfront that he didn't know anyone that had had it and he had never dealt with it. Is this one of these occasions where Dr Sastry immediately is saying, "I don't know what the position is"?

**A** Yes, yes. It was like: "How did I get it?" "I don't know." And he was apologetic that he didn't know.

**Q** Yes.

**A** You could tell he was frustrated that he didn't know, but he was always, like I said, very upfront with me and it was -- that it's most likely environmental, but that's all I can tell you; and he had never heard of a case in paediatrics of it.

**Q** And that's a point we will come back to later; but while we are speaking about Dr Sastry, I would just

be interested in your reflections on Dr Sastry. Ms Callaghan, I think it might actually be worth having this part of the statement up on the screen. I think it's page 26 of bundle 6. It's paragraph 100.

Have you got that in front of you now, Molly?

**A** Yes.

**Q** Would you mind actually just reading out what you have said? If you just take it nice and slowly.

**A**

"That was when I saw Dr Sastry waiver a bit. That was when he was starting to be held accountable for that which he was not responsible. Dr Sastry was responsible for my whole treatment and my overall health, meaning antibiotics and other medications and procedures. However, I was made sicker by the environment, therefore he was being held responsible for something which should not have happened, and he had to come up with treatment plans for things other than my cancer. He had to start balancing what was more important: was it

treating me for this bug and not giving me my chemotherapy, which in turn could cause cancer to take hold, or would it be giving me my chemotherapy, bringing my immune system down and making the bug take hold? It was scary enough without having to see the staff not knowing what to do. It is an impossible decision. It's something that no one should ever have to decide. It was a balancing act. It wasn't fair for Dr Sastry."

**Q** We can put that to one side now. Thank you, Ms Callaghan.

It wasn't fair for Dr Sastry. Was it fair to you?

**A** No, I don't think it was fair to me, but --

**Q** Well, how did --

**A** Obviously, I mean, it was horrible to not have a plan, to not know that something is certain, and things are uncertain enough with my diagnosis. It was not the nicest prognosis to start with. And so throwing this on top of things, it was yet another unknown that was -- it was horrible, I think is the best way to describe it, but --

**Q** But?

**A** With Dr Sastry, like I said, I trust him implicitly and he ended up -- I'm here, and obviously his decision was great. But that kind of balancing act, when you're responsible for someone's life, I can't imagine that. Like if I'm lucky enough that I get to be a doctor, it's hard enough when you have to make tough decisions like that. But to throw in things that you shouldn't even have to consider, like the environment, it is unfair.

**Q** Now, the plans were changing.

**A** Yes.

**Q** But Dr Sastry did come up with a plan; and in terms of the plan going forward, then, what was Dr Sastry's plan?

**A** So firstly, the decision to have my surgery to remove my primary site, that was postponed, because that couldn't happen; like I couldn't undergo something as big as that with that onboard. And so my treatment plan for the cancer had to be rearranged. So we made the decision that I would then commence the eight chemotherapies, the kind of session of eight next, with the radiotherapy; and I would hopefully have my surgery before the last two chemotherapies.

But before any of that happened,

we had to get hold of the bug. So I started IV antibiotics all day, every day, and it was just a constant rotation of antibiotics, and it was antibiotics that the nurses had never heard of, like one of the nurses in particular used to laugh trying to pronounce it. They had never used them.

And there were horrible side effects. I mean, I thought the chemo side effects were bad, but this actually, the medication I was on, because of the antibiotics, I started -- I ended up with a prolonged QT interval with my heart. So basically, when my heart would fill up and it would pump out the blood, it wouldn't fill back up fast enough. So I would collapse and then I was on bed rest. And I couldn't go to TCT, I couldn't leave my room. I couldn't even get up to go to the toilet. I mean, you lose your dignity enough in there, never mind with that. And then I was very, very ill, I was very sick all the time. It was -- just, my home had changed. That thing started to kind of affect me, and that I was off school now. I had finished my exams. I didn't even have that other focus. So I was just kind of there, not a nice existence.

**Q** Let's just go through some of the detail of that again, Molly. Am I right in understanding that you

were an inpatient for the whole of June 2018; is that right?

**A** Yes. So instead of the two months, I really decided to just do one.

**Q** And your Hickman line was removed in the meantime; is that right?

**A** Yes, on 1 June.

**Q** And again, you are back on PCA?

**A** Yes.

**Q** And was that to do with the line removal or to do with the treatment, or what was that to do with?

**A** I believe that was the mucositis as well.

**Q** Right. And then as you say, the antibiotic treatment, such as the new and unused nature of these antibiotics that nobody could actually pronounce their names.

**A** Yes.

**Q** How were they administered?

**A** So it was -- I had to get cannulas and, like I said earlier, I'm really difficult to cannulate; and they just -- they kept tissing, so that's basically when the cannula comes out of the vein it's supposed to go into. And whatever is going into the cannula just starts going into the surrounding tissue and it swells and it's painful.

You can't use that cannula anymore, because of that.

**Q** But the antibiotics would just start pouring into the surrounding tissue; is that right?

**A** Yes.

**Q** In your statement, we can see that the antibiotics were sometimes described as being like bleach?

**A** Yes. It was basically just to clear everything out; as they -- you mean, they didn't know what was going to work for this bug; they could only hope. So it was really -- they were a strong, strong combination. I mean, you know yourself, you are on antibiotics for three days and you feel rubbish. That was all day, every day, for a month; and it was heavy duty antibiotics. It was --

**Q** On any given day, how long were you hooked up to the antibiotics?

**A** All day. Like I was never -- so sometimes I might get a break, but I was still hooked up to machines, because I was on the PCA, and then I needed anti-sickness because of the antibiotics and because of the PCA, and then I needed fluids because I couldn't drink anything, because my throat was in such a bad way with the mucositis; and then I was put on TPN

which is basically they measure your blood to see what you are lacking, vitamins and minerals-wise, and that's their way of giving you the nutrients you need when you can't eat; because I didn't have a tube. So I was never off the machines.

**Q** But you still didn't have a feeding tube at this point?

**A** No.

**Q** Now, other problems from the antibiotic treatment that you have mentioned. You started collapsing?

**A** Yes.

**Q** And that was investigated and there was an issue with your heart that you've just described, resulting in you being confined to bed?

**A** Yes.

**Q** And as you say, the loss of dignity that goes along with that; is that right?

**A** Yes.

**Q** Were you discharged home before July or were you still there in July?

**A** I got home for the start of July.

**Q** You turned 16 in July; is that right?

**A** I did, yes.

**Q** But then I think you

would be back soon after that, to recommence chemo; is that right?

(End of the Morning Session)

**A** Yes, so I recommenced chemo while I was on the antibiotics. Eventually I got a line back in, because they were having so many issues with these cannulas and I needed to get chemo -- the chemo I was on was too strong to go through a vein. They needed a line.

And like I said, it was that balancing act. We needed to start the chemo again, once we'd given a few weeks of the antibiotics to work. So I got a Hickman line back in; and that is when my cycle started. The first of the eight was started while I was in; and then I got the second after I had come out. I had to come back in again.

**MR DUNCAN:** Thank you. Well, we are now about to move into the stage or the next stage of treatment under the new plan; and I wonder, my Lord, if that's something we should maybe embark on this afternoon.

**THE CHAIR:** Yes, that would seem to be right. Ms Cuddihy, we will take our lunch break now. So it's 1 o'clock. If you could be back for 2, that would be good.

**A** Yes.

**THE CHAIR:** Right. We'll rise and sit again at 2 o'clock.

**13:02**