

Infected Blood Inquiry

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Justice and Blame

The public inquiry is receiving final submissions from core participants including “Collins Solicitors “ representing many patients and patient groups. If they have got even close to what the Inquiry will actually report the consequences for all those involved including ministers are very serious indeed.

The Collins submission lists the facts as they understand them:

Around 1250 people with bleeding disorders were infected with HIV in the UK between 1970 and 1991.

Around three quarters of these patients have died and 50% of these deaths were attributable to HIV.

One third of those infected were children.

All of those infected with HIV would also have been infected with Hep C and this involved perhaps 5000 people.

One patient registered with the current support schemes dies every 14 days.

The Collins submission argues that the Inquiry should not hold back in naming individuals, attributing blame and criticism where appropriate.

Proper attribution is in their view a huge part of achieving justice, recompense,

vindication, closure and restitution.

It was, the Collins submission suggests, simply untrue that all clinicians provided the best treatment in line with the clinical knowledge at the time.

There were wide variations in clinical practice. Up to 100 patients were infected

with HIV via blood transfusion but many more, perhaps 26,800, were infected with Hep C by the same route.

“Many people have been forced to live a life that was not the life they were meant to lead.”

Few, if any, patients gave full and informed consent and many clinicians dismissed patient concerns

as unwarranted scaremongering or ill-informed mischief making by journalists.

Patients with bleeding disorders were a trusting community whose trust was abused they allege.

Paternalism was commonplace.



The various support schemes come in for substantial criticism and the DH are accused of invasive, demeaning, and time-consuming investigations into potential fraud by patients and their families. The Collins submission lays out in some detail

the harm caused to patients and their families presumably in order to encourage the Inquiry to reach a conclusion on continuing support and damages.

Sounds like a decade or more of civil actions.

Next. What do the patient groups think about the role played by those clinicians involved and the Haemophilia Centre Directors in particular. If the Department of Health are ultimately accountable what happens next?