

# Infected Blood Inquiry

Professor Brian Edwards  
21:6:21

## The Haemophilia Society

**T**his week's evidence is focused on the Haemophilia society.

Our first witness, a former civil servant, served on the Executive Committee between 1983 and 1985.

He had a son with haemophilia. He recalled a presentation by Prof Bloom in which he downplayed the risks associated with imported products.

Not everybody was convinced.

As our witness put it "By 1983 the grim reaper was lurking in the room". He blamed successive governments for not achieving UK self-sufficiency and for selling off the blood products laboratory.

Our next witness joined the Executive Committee in 1985 and served with a few breaks for the next 17 years.

He had severe Haemophilia A and had been infected with HIV and Hepatitis C. He had invested a lot of time and energy keeping members informed and up to date.

The Society's Medical Advisory Committee and the Centre Directors group had conflated together and for the most part their advice was "toned down" as they covered their backs.

The Society had considered taking legal action against the suppliers of infected blood, but Counsel had advised that it

would be unsuccessful. It would be difficult to prove negligence on their part.

He thought it most unlikely, at that time, that Government would compensate victims, so they concentrated on support.

The decision to preserve the capital in the Macfarlane Trust had been taken with the long-term interests of beneficiaries in mind. The Society had always sought to serve its members.

Next witness served as Chief Executive of the Society between 1998 and 2004. Her background was in national voluntary sector organisations.

She talks through the various campaigns the Society launched and the contacts with ministers and government which had rarely been very productive.

By the end of 1998, the Society had begun to campaign for a public inquiry.

The Inquiry finishes the week with Counsel summarising the guidance issued to clinicians about ethical behaviour noting that their legal obligations are much less than their professional obligations.

Particularly relevant to HIV are the secrecy obligations. "I will respect the secrets which have been confided in me even after the patients have died".

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Would a background paper not be enough?

Is this the groundwork for criticism of the health regulators and the BMA or for the referral of individuals for conduct review?

Or was it just a piece of legal indulgence?

Public Inquiries do not operate within a budget!

