

Infected Blood Inquiry

[Prof Brian Edwards](#)

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What would the Daily Mail report?

Dr Hilary Pickles a clinical pharmacologist by background had moved through a series of jobs in the medical division at the Department of Health including the Committee on the Safety of Medicines.

She had a spell as a Director of Public Health in London and had been a leading member of the Departmental AIDS team. She had also worked in the NHS Research Division.

Her evidence is clear, sharp and at times forthright although she is chastised by the Chair for answering

The CMO had been clear that there had been no negligence on the part of central defendants and their advisers.

questions before Counsel has finished asking them!

Counsel leads her through the complicated organisation of the Department of Health.

She had worked for three CMOs [Yellowlees, Acheson and Calman]. Donald Acheson had, in her view,

performed exceptionally well in recognising and dealing with AIDS.

CMOs had no line relationship with clinicians in the NHS but could, and did on occasion, issue guidance although this was only done in exceptional circumstances.

It was important not to overwhelm GPs in particular. The CMO and his deputy would have been close to the medical Royal Colleges and clinical freedom had to be respected.

The Department had never attempted to restrict the clinical freedom of haemophilia doctors.

She had regular contact with politicians and recalled a particularly robust conversation with Edwina Curry who claimed that “good Christian people” could never contract AIDS.

Pickles had explained that there were ways of sexual expression that did not endanger partners. Fowler had been very engaged with the AIDS problem, but other politicians took

the view “lock them up.... lock them away.”

The political and civil service leads on Blood policy changed regularly.

“Some were interested in the science, others took a patient perspective, but some were obsessed with what the Daily Mail might say.”

Crown immunity was an excuse for poor practice. It lingered on too long.

Counsel returns once again to the testing for Hepatitis and AIDS which had been delayed.

The scientific justification for testing was not very robust, but the Advisory Committee had been clear. It would reduce hepatitis and should proceed.

Counsel works Dr Pickles through the arguments for and against a delay. One problem was the absence of testing in GUM clinics. There would be no extra NHS funding and the cost [estimated as £5.6m] would have to be met from existing NHS budgets.

Thus, the interest of the NHS Executive. If the NHS met the cost some other NHS service would pay the price. This was an important

issue for the Inquiry’s economic expert group. The BTS directors had argued for time to prepare.

Our witness had shared Dr Gunson’s concern that the Northern region had broken ranks and gone early.

The cracks had been covered up by referring to the Northern action as a pilot for second generation tests. The Chair intervened rather sharply at one point. “The gap between the availability of a test and its delayed introduction needs to have some reasonable explanation.”

Dr Pickles was involved in preparations to defend the Department of Health in actions against it by infected patients.

She had reacted strongly to one version of draft advice to Ministers that had contemplated the consequences of losing a court battle.

If such a possibility was to be put to Ministers, it needed much more explanation.

The CMO had been clear that there had been no negligence on the part of central defendants and their advisers.

The correct reaction to an unlikely unfavourable judgement should be an appeal not a settlement. Our

witness was clearly worried about the impact any settlement might have on the reputations of all the clinicians involved and the CMO. They had not been negligent!

We end with some questions about the sharp practices of some commercial companies in promoting prescription drugs to the general public. It was illegal.

Dr Pickles was sorry that an Inquiry had been necessary and apologised for any part the Inquiry thinks she might have played in the events that led to the Inquiry. No mention of patients.

This was a scientist, civil servant giving evidence. More brain than heart but nevertheless accurate, driven by facts and honest.