

Infected Blood Inquiry

Murder

The next few days of the Inquiry are taken up with opening statements by or on behalf of core participants. All have submitted written statements and spend their allotted time picking up their main themes.

It emerges that the Inquiry will encompass all blood borne pathogens including CJD and hepatitis.

Strikingly different demands on the Inquiry emerge.

Some core participants wanted those responsible to be given the opportunity to acknowledge their faults and mistakes and apologise.

Sam Stein QC was more demanding. Those who supplied blood products and knew they contained a high risk of infection committed offences of grievous body harm.

If the supplied person died as a consequence it was murder. Those who also knew about the risks in the supply chain were guilty of conspiracy to murder.

There were references [drawn from the US] to a Haemophiliac holocaust and the Nuremberg Code.

It's all getting very serious indeed.

The stakes have risen sharply. The “elephant in room” according to one core participant was the pharmaceutical industry and pressed the Inquiry to examine their actions with the utmost vigour.

All Departments of Health and their agencies promised full collaboration with the Inquiry and some started with an apology to those affected [without of course admitting liability]. Nearly 200 patients and relatives followed describing

what had happened to them, the impact of treatment and the effect on their lives.

The clinical history of many patients was explored in some detail.

The hearings moved to locations right across the UK.

Much of the evidence, in the words of the Chair, was almost unbearable. In some cases, the photographs of deceased patients were screened as their relatives gave evidence.

The evidence was gruesome enough and did not need this piece of theatre. One unusual method of collecting evidence was the use of what the Inquiry called intermediaries to meet those witnesses who did want to give verbal or written evidence.

Some witnesses were later to give evidence in circumstances where their identity could not be disclosed.

Experts

February 2020 began with a series of questions to independent experts.

The first session with five psychosocial experts explored the impacts on patients and families, stigma and discrimination, loss of trust and communication and care and support.

All long-term illnesses have a long-term impact on the lives of patients and for some their life is defined by their illness.

For younger patients' school can be very challenging.

Three social workers followed and told the Inquiry about the experience of some of their clients-all harrowing.

If you link this evidence to the earlier patient stories you can see a likely conclusion.

The psychosocial support provided to the victims who had been given a cruel death sentence was inadequate.

HIV was next and an expert panel explained that HIV was a virus-an infectious agent from a family of retroviruses that particularly affected white T cells and damaged the immune system.

Treatment is increasingly possible but sometimes difficult choices had to be made as whether HIV or Hepatitis had the highest priority for treatment as there were treatment conflicts related to toxicity to weigh up.

They told the Inquiry that there were still patients who were reluctant to access health care.

Some resist information about their clinical history being passed to their General Practitioner as this may lead to difficulties in them securing mortgages or insurance.

This was an expert panel able to describe with unusual clarity a complex set of clinical conditions.

An expert panel on blood disorders, inherited blood disorders and immunodeficiency disorders and their treatment followed and included experts from abroad.

Their evidence was clear but highly technical and illustrated the complexity of treating blood disorders and how much more there is to learn about causation and treatment.

The next session will provide a chronological and historical overview of the relevant knowledge about the risk of infection from blood and blood products.