

Infected Blood Inquiry

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Allegations of a Conspiracy of Silence.

The young journalist who broke one of the early stories about infected blood in May 1983 under the headline “Hospitals use Killer blood” gives evidence. ”

Experts reveal exclusively to the Mail on Sunday that two men from London and Cardiff are suspected to be

However other NHS staff congratulated the Mail for speaking out.

In a later article she reported; “Mr X’s death certificate will say that he died of renal failure at Bristol Royal Infirmary. Because of this there will be no need for an Inquest, yet

everybody who knew about Mr X, his doctors as well as the government watchdog the Communicable Disease Surveillance Centre, knew that the real cause of his death was that

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suffering from AIDS after routine transfusions for haemophilia.”

She declines to name her principal source who was a doctor in Cardiff.

“A scientist rather than a doctor who walked the wards.” She later infers that it was a Haematologist. [Some years later she became editor of the Sunday Express].

The article met with a strong reaction from some clinicians who called it neither objective nor accurate.

he was given blood infected with AIDS”.

She was viciously attacked for this piece and in her view, there had been a conspiracy of silence.

The Haemophilia Society and others denied this. All their actions, they claimed, had been honourable and in the interests of their patient members.

It was important to avoid a panic.

She had talked to Ministers but at the time none seemed overly worried.

There were complaints to her editor and at one stage the Press Council got involved and it all got very messy.

After yet another long report on the destruction of NHS records Caroline Flint gives evidence as a former Minister of State at the DH between 2005 and 2007.

Much of her evidence is focused on the funding of the Macfarlane Trust and others. Her civil servants thought that these organisations had sufficient funds and reserves to support patients.

She disagreed and negotiated an 11% increase despite the huge pressure at the time on central budgets.

In her view the government should have established a public inquiry earlier than it did but the decisions at the time were very coloured by the DH position that there had been no wrongdoing.

On reflection she said we should have worked closer with the campaigners with less focus on wrongdoing or liability.

Here lies a crucial judgement for the Inquiry.

Were the fears about the possibility of financially crippling claims by patients and their lawyers, when there was no evidence that any harm was caused by negligence, reasonable?

The NHS undoubtably has a responsibility to care for those who are injured whilst in their care but if the answer to the legal question is; No, how many new claims will arise in the next few years?

Is the NHS to be sued or challenged every time something does not go as expected.

Will the NHS be forced to stop all procedures with any degree of risk? [This would cut waiting lists at a stroke]. How big a contingency fund will be needed to meet these potential claims?

Will it force no fault legislation onto the political agenda?

These are going to be crucial decisions for the politicians once the Inquiry has reported.
