

Infected Blood Inquiry

Professor Brian Edwards
21:2:21

The Haemophilia Society under pressure

After two weeks of evidence by experts in medical ethics the Inquiry finishes its review of Newcastle, reviews a single case from Cardiff and moves onto its first evidence from those involved with the Haemophilia Society.

The case study related to a family who lost two sons aged 22 and 30. It is detailed and graphic.

On the basis of this case Prof Bloom head of the Cardiff unit had told Welsh ministers that there was “no proven” link between imported Factor 8 and Aids. If there was shown

The Chair will return to this problem in due course.

For the Newcastle clinicians securing enough Factor 8 had been a clinical nightmare.

David Watters who had led the Haemophilia Society at the crucial time explains it’s set up [very small] and how it operated.

supported Dr David Owen’s decision to go for UK self-sufficiency.

The fact that the Department of Health had dropped this objective was, he said, a shocking system failure.

The Inquiry quizzed Mr Watters closely on the Societies’ close links with

pharmaceutical industry who had provided financial support to the Society and its members.

On the advice of their experts the Society had not pressed for a cessation of

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to be a link the risk would be very small and there was no cause for precipitate action.

He was clearly wrong!

The Newcastle story adds little that is new except for an illuminating exchange between the District General Manager and Liam Donaldson the RMO [and later CMO] about clinical freedom and budgets.

Prof Bloom played a major part on its medical advisory committee on whom members relied heavily for advice.

Although they were close to the Haemophilia Centre Directors, they found them very secretive.

The Society had close links with civil servants and occasional meetings with ministers. They had strongly

imported blood and took the view that Factor 8 treatment worked so well it was worth the risk [if any].

In taking this view they were heavily influenced by the decision of the Department of Health not to block imports.

The Society had been consulted about various plans for compensation but had been between a rock and a hard place.

Members wanted help immediately, but the Department wanted to minimise their contribution.

A deal had to be struck but many members thought it inadequate.

There will be further evidence from those involved with the Haemophilia Society.

There were clearly warring factions but what missteps they made seems to have been taken with clinical advice.
