

# Infected Blood Inquiry

## Allegations of Profiteering

The Inquiry hears from Prof Christine Lee about her time at St Georges and the Royal Free, where she became Director of the Haemophilia Centre. Counsel talks her through her career as a haematologist.

**E**ventually Counsel gets back to cryoprecipitate which had been used at St Georges for home treatment by Dr Catherine Dormandy until her successors [Kernoff and Tuddenham] took over and switched patients onto Factor 8 concentrates.

Counsel asks why and gets a clear answer.

The Cryoprecipitate used for home treatment was a sticky solution in a plastic bag stored in a deep freeze.

To stop a bleed a patient might have to transfuse 10 bags into themselves with no certainty about how much Factor 8 they were actually receiving.

The new Factor 8 concentrates came in two small bottles which the patient could take to work with them or even on holiday.

It was much more efficient and easier for patients to

use. It was also clear how much Factor 8 they had received. She did not think her colleagues could be criticised for making the switch.

She played no part at the Royal Free in the purchasing of Factor 8 other than specifying what type to procure. Some Trusts [which she declined to name] did however make huge profits by purchasing Factor 8 at one rate and then pricing it at a higher rate in NHS contracts.

We will no doubt hear more of this once the Trusts have been identified.

*By the early 1980's cash had become a major problem.*

Prof Lee tells of a single child whose treatment soaked up a year's budget in the Trust in which he lived. The Royal Free used NHS provided Factor 8 for

children partly because parents trusted it more than commercial alternatives.

We are also told that children needed to be transfused with fine needles which were easier to use with concentrates compared to cryoprecipitate.

We then move to liver disease and the Sheffield study which had showed damage in haemophiliac patients.

Professor Lee had some reservations about this study but reacted strongly to Counsel's suggestion that she had crossed swords with its author Dr. Preston.

The Sheffield study had stimulated professional debate, but other studies had produced conflicting evidence of liver damage. Some patients had no damage at all. There was no way she was going to

risk a patient's life with a biopsy. An Italian study is quoted which had talked about "The fallacy of retrospective knowledge". Even though the problem of hepatitis was known in the 1970s there was no reason to believe that this adverse event in haemophilia care was heralding the much more ominous AIDS. Scientific muddle typifies the period said the Italian authors.

Counsel spends quite a lot of time examining Prof Lee's time spent on clinical activity as compared to her research work. Counsel tracks comments she made to an oral history on women in medicine conducted for the Royal College of Physicians. It is not clear where all this is leading but our witness is under pressure to recall events of over thirty years ago. It's not easy!

The balance of risk in taking blood products or not is explored in some detail and Prof Lee acknowledges that in her early practice the clinical decisions were made predominantly by the doctors. The risk to be balanced was not just about a threat to life but about the future quality of

a patient's life. As time went on patients began, properly, to play a bigger part in these decisions.

We then have a feisty exchange about the use of stored patient samples. Professor Lee explains the role they played in advancing knowledge of haemophilia and the treatment options available.

**She took serious exception to a decision by the Royal Free in 2007, after she had retired, to allow American researchers to access these samples. We will return to this with the next witness.**

As Director of the haemophilia centre at the Royal Free she had to fight hard for resources. Some of her colleagues saw her unit as a drain on Royal Free resources.

One manager had suggested that the unit size of factor 8 be reduced by the manufacturer which was nonsense. The bottle size was irrelevant the dosage was what mattered.

She had written to her Chief Executive protesting about the absence of funds to providing recombinant factor eight to children.

She copied the letter to one of her patients who leaked it to the press. Overnight the funds became available for children.

She was in favour of help and support to patients but was opposed to compensation which implied liability and blame.

Right at the end she is asked again about the Trust that she suggested had been profiteering by inflating prices to NHS commissioners.

With some reluctance she disclosed that it was St Thomas's Hospital in London.

The "profits" did not go to individuals but to the Haemophilia Unit. She disapproved of this.

Her own unit had a charity to which pharma companies sometimes contributed.

She took no fees from companies except for the reimbursement of some overseas travel expenses, to attend professional conferences.

She finishes with a short speech emphasising that throughout her career she

had cared deeply for her patients and had been very

hurt by allegations that she had killed some.

**This is the first time Counsel has put real pressure on a witness and she responded well. The killer question however never came.**

**Should Haematologists collectively have cut through the scientific muddle quicker than they did?**

**Maybe it's one for the next witness...**

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