Infected Blood Inquiry

Professor Brian Edwards 18:1:21

Bevan

Blood collection at gunpoint.

The Infected Blood Inquiry has continued its public hearings after the Xmas break. The Chairman, Sir Brian Langstaff and Ms Jenni Richards Lead Counsel are at their offices in London and witnesses are zoomed in from their studies and spare rooms all over the UK.

Between 100 and 200 people each day watch on a live feed.

Dr David Huw Bevan, the first witness, was Director of the Haemophilia Centre at St Thomas' between 2008 and 2016.

e hear about between

London hospitals and explore the reasons behind his colleague Prof Fluke's policy of

only purchasing Factor 8 for adult patients from one

supplier [Armour]. competition for patients,

Fluke was one of the group of Haematologists who dominated the politics of Haemophilia centre politics.

He would have known about the Sheffield study on liver damage, but wild horses would not have driven him to do a liver

biopsy on a patient. That would have been completely impermissible.

His generation of doctors were so focussed on not withholding treatment [with Factor 8] that it may

He had been appalled when the BPL had linked the price of platelets to NHS hospitals to the level of their orders for Factor 8.

> have been that insufficient weight was given to counter balancing concerns for safety.

Cryoprecipitate ,the alternative to Factor 8 for some patients had side effects.

After cumulative exposures patients often suffered

from febrile transfusion reaction.

Our witness is then asked whether an intervention by the CMO at the time would have helped.

> It might have been helpful but never happened.

In those days, the CMO was just another

bureaucrat, he explained.

I wonder if Prof Chris Whitty will be called to give evidence!

Do we need a medical equivalent of SAGE to examine controversial clinical and ethical issues or should this be the role of NICE?

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Our witness is very critical about the role of plasma brokers and commercial fractionation companies who, he said, abandoned control of the safety of their raw materials.

He told the Inquiry about blood being collected at gun point in some South American villages by paramilitaries and then sold on the international market.

The Chairman confirmed that the Inquiry had received evidence from other witnesses about this practice.

He supported the steps taken in some NHS regions of transferring the purchase of Factor 8 from Centre Directors to NHS supplies.

It took a burden off the shoulders of clinicians.

We examine the relationship between the pharma industry and haematologists - a subject we will return to later in the Inquiry.

The NHS internal market had impacted on clinical services.

He had been appalled when the BPL had linked the price of platelets to NHS hospitals to the level of their orders for Factor 8.

This witness provided the Inquiry with much to chew on. He concluded with a reference to the heroism, resilience, and resourcefulness of his patients.

The Inquiry team were listening closely to his comments.