Infected Blood Inquiry

Prof Brian Edwards 1st March 2022

Circulars were always weak policy enforcers.

he Inquiry spend a whole day looking at the experience of patients infected through blood transfusion.

Counsel identifies a number of themes which are illustrated with case studies.

The fact that there were a number of individuals who did not know that they had received a blood transfusion and could not therefore make the connection with their subsequent infection.

The lack of informed patient consent followed by the fact that for many patients there was a long gap between the date of the transfusion and knowledge about their infected state.

Another theme was the lack of evidence in clinical records that any transfusion had been given and the problems that arose when transfusions had been given at different hospitals.

Frankly record keeping was a disgrace.

There was widespread variation in the clinical use of blood and blood products.

There had been efforts to encourage a better use of blood in some regions and individual hospitals, but their impact had been limited. In 1998 the UK CMOs attempted to improve matters with "Better Blood Transfusion "which was issued not as a "Dear Doctor" letter but by an official circular.

Hospital Blood Transfusion Committees were to be set up to promote good practice and audit performance.

The response by health organisations was patchy with significant regional variation. A later audit in 2003 showed a high compliance rate in many hospitals but not all.

Recording remained inadequate as did the traceability of blood and blood products. Yet another review in 2006 recommended that the policies needed to be "refocused and reenergised."

Issuing a circular to Health Authorities was always a weak policy enforcer particularly when it related to clinical practice. Changes in clinical practice need active clinician buy-in.

We will hear later from two clinicians closely involved in the Better Blood Transfusion initiative.

Will they name names?

Was the lack of compliance evidence of weak management or clinicians who disagreed with central diktats.