



THE SCOTTISH OFFICE

From the Minister of State
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Gordon Brown Esq MP
House of Commons
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29 February 1996

Dear Gordon,

Thank you for your letter of 1 February 1996 to Stephen Dorrell on behalf of your constituent, GRO-A who may have been infected with Hepatitis C as a result of NHS treatment. I have been asked to reply as I am responsible for health matters in Scotland.

We have great sympathy with those patients who have become infected with Hepatitis C through blood transfusions or blood products.

Most haemophilia patients were infected with Hepatitis C before blood products were treated to destroy viruses. These patients received the best treatment available in the light of medical knowledge at the time.

The first anti-Hepatitis C tests did not become available until late in 1989. These first tests had too large a number of false positive and false negative results and no satisfactory confirmation tests were available. Expert advice at that time was that these tests should not be introduced because of these deficiencies. The Department of Health funded several trials of the first and second generation anti-Hepatitis C test kits. Routine screening of all blood donations was introduced in late summer 1991 when satisfactory kits became available together with confirmatory tests. The screening tests now available are even more accurate than the second generation kits.

The Government does not accept, however, that there has been negligence and we have no plans to make payments to such patients. On the more general issue of compensation, the Government has never accepted the case for a no fault scheme of compensation for medical accidents. It is unfair to others and still requires proof of causation which is often difficult to establish. Every case where a medical accident has occurred is a personal tragedy for both the individual concerned and their family. If the NHS is proved negligent in a Court, it accepts its liability to pay damages.

It is the Government's view that the most effective use of resources is to be realised by seeking to improve the understanding, management and treatment of the condition. The Health Departments are considering a range of potential initiatives in an effort to achieve these improvements. Only in this way can the impact of the disease on individual patients and their families be effectively minimised. In addition, the Department of Health is supporting an initiative by the Haemophilia Society to undertake a study into the best way to support its members who are affected by the virus.

I hope that this will reassure you that the Government is doing all it can to care for those affected.

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JAMES DOUGLAS-HAMILTON