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TRANSFUSION AND AIDS

Justice and the French Court Case

THE dawning realisation in 1984–85 among all the industrialised nations, that the very plasma fractions haemophiliacs owed their lives and new-found freedom to, were contaminated by human immuno-deficiency virus (HIV), and the mounting numbers of personal and familial tragedies which ensued, caused dramatic repercussions in all those countries advanced enough and rich enough to have utilised these large-pool fractions liberally. But nowhere has the tragic fate of these haemophiliac victims caused more havoc than in France, where a highly publicised, remorseless media campaign charged the individuals responsible for organising and directing the largest transfusion and plasma fractionation centre in France – the CNTS – with deliberately continuing to administer Factor VIII they knew to be infected, in order to use up stocks of fractions which were not heat-inactivated; with cynical protectionism, in failing to institute systematic anti-HIV screening of all blood donations early enough in order to favour Pasteur Diagnostics; with professional misconduct and – in short – putting money before lives.

This emotive campaign by the media "dogs of war" baying for the blood of both medical and political scapegoats has been grossly biased and has frequently distorted or misrepresented historical and scientific facts. It has also had a devastating impact in France upon the long-established "gift relationship" between voluntary blood donors and the Transfusion Service by challenging the integrity of medical and governmental policy makers, gravely undermining confidence in their honesty and competence. In consequence, large numbers of voluntary donors, the very backbone of the Service, have withdrawn their vital support.

The key issues in contention at the time were:

- Most scientists had grave doubts about the specificity of anti-HIV tests in 1984.
- Many scientists believed that those with anti-HIV possessed neutralising anti-bodies which might confer protection. (Blood, 1985. 66 (4): 896–901)
- Many transfusion specialists and haemophilia experts, recalling the transmission of Hepatitis B by professional blood donors in the USA, believed that coagulant factors manufactured from the plasma of voluntary, unremunerated European donors were not likely to transmit HIV.
- Clinicians treating haemophiliacs were deeply concerned that neo-antigens might be created by the denaturing heat-treatment of Factor VIII concentrates, leading to the much-dreaded development of F.VIII inhibitors.

Many of these pre-occupations lay behind the variable introduction, world-wide, of universal donor screening and viral inactivation procedures.

VIRAL INACTIVATION

Despite the remarkably rapid evolution of knowledge regarding the virus in the international scientific community (to which France has contributed so much), with the clarity of retrospective vision, there can be little doubt that bureaucratic delays and a failure to communicate adequately with donors, patients and doctors did occur, and errors of judgement were committed by senior policy-makers in the crucial months of 1984 and early 1985.

However, virtually no country in the Western world can lay claim to perfect foresight or freedom from bureaucratic prevarication and delay in this matter.

None have suffered the vindictive campaign launched in France, which was far from being the last to take action.

With hindsight, it was a mistake not to heat-inactivate all coagulant plasma fractions administered to haemophiliacs at an earlier date, irrespective of their anti-HIV status, even if it is still not established that unheated products are certain to be harmful to HIV seropositive haemophiliacs.

Over 95% of seropositive patients were already infected prior to April 1985 – and before a safe Factor VIII concentrate was available anywhere in the world – contrary to the press-inspired fallacy that haemophiliacs were all infected in the second and third quarters of 1985.

BLOOD DONOR SCREENING

Although there may have been administrative delays and some protectionism favouring Pasteur Diagnostic kits, so that mandatory screening of all blood donations was implemented later than it should have been, these dealys could not have affected haemophilic patients. While it is true that plasma collected between June and August was unscreened, these batches could not have entered the plasma fractionation pool before September 1985, by which time all fractionation centres in France had stopped issuing unheated coagulant products.

The late introduction of donor screening did affect 200 to 300 recipients of cellular blood products, however, whose plight was almost entirely ignored by haemophilia pressure groups and the media.

We witnessed here, the spectacle of a rational, well-ordered society, the heirs of Voltaire, Pascal and Diderot, slipping into the primitive frenzy of primordial peoples faced with the unpredictable forces of nature, sublimating their rage and impotence by taking revenge upon innocent medical scientists: Professor Jean-Pierre Allain and Dr. Bahman Habibi, who had both sent clear warning signals to the authorities well before the roof fell in. The French Judiciary, in consort with the Executive, capitulated to public and media pressure; refused to submit this complex issue to an international panel of experts, and cynically excluded political decision-makers with a major responsibility in public health policy from their enquiry.

This kind of media-led witchhunt, and the injustice and obscuring of the truth which has resulted, can only inhibit scientific progress by creating fear of reprisals, and further vitiate relations between doctor and patient, as well as transfusion centres and the blood donor.

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