

To: Mrs A James  
SOLB4  
544 NC

From: Leonard Levy, CA OPU2

Date: 23 February 1996

Copies: Dr Rejman

PO FROM JIM COUSINS MP / MS GRAYSON

1. I would be grateful for your help with the attached letters from Jim Cousins MP and his constituent Ms C A Grayson. The letters are broadly about compensation for haemophilia patients who contracted hepatitis C through infected blood, and I also enclose a copy of the letter I sent to Mrs Grayson to explain the Government's position.

2. However, Mr Cousins adds some more searching questions, and Dr Rejman has advised me on the terms of the draft reply. I would, of course, welcome comments you may have on any part of the letter, but Dr Rejman particularly asked me to ask you for your advice on the penultimate paragraph. Dr Rejman says it is important that we give an accurate explanation of the undertaking that haemophilia patients infected with HIV who accepted payment under the Government's scheme would not bring any further proceedings.

3. I will be on a course for the whole of next week. The Private Office deadline is 6 March, so I would appreciate it if your reply were here when I return to the office on Monday 4 March.

GRO-C	
Leonard Levy CA OPU2 Room 311 EH Ext GRO-C Fax Ex	GRO-C

Mr Levy

I have now had an opportunity to look at your draft. I am content with it. I apologise for the delay in replying

GRO-C

7-3-96

HEPC

Your ref: JC/SD/hepatitis

POH(3)4416/147

Jim Cousins Esq MP

1st floor

GRO-C

Newcastle Upon Tyne

GRO-C

Thank you for your letter of 16 February to Stephen Dorrell enclosing correspondence from your constituent Ms C A Grayson of [GRO-A], Newcastle Upon Tyne about the Haemophilia Society's campaign on behalf of those patients with haemophilia who have been infected with hepatitis C.

I enclose, as requested, a copy of the reply sent to Mrs Grayson by HEPC3, as amended: *an effort to be on behalf of the Secretary of State*

*The reply sets out the Government's position which has also been explained in recent debates in the House.*  
Ministers have consistently stated, for example in the adjournment debates in the House of Commons in July and December 1995, that the Government has great sympathy with those patients who may have become infected with hepatitis C through blood transfusions or blood products. Factor VIII brought many advantages to people with haemophilia; it greatly increased life expectancy as well as improving the quality of life. However, medical procedures rarely come without risk and these are not always fully known or capable of being guarded against at the time. 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.

*You were also revised some of the specific questions, first part of the letter*  
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 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. Each individual 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.

In the case of patients inadvertently infected with the HIV virus, the decision to make payments to those affected, and to establish a hardship fund, was taken in the light of their very special circumstances. Those affected were all expected to die very quickly and were subject to significant social problems, particularly ostracism. *it is true but* People accepting payment were required to give an undertaking not to pursue legal action against the Government or Health Authorities over matters of policy or broad operational concerns. Hepatitis C is different from HIV. Many people infected with hepatitis C may live for a long period without any symptoms occurring and only a very small proportion are expected to die from the disease. *add on why*

It is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition. Only in this way can the impact of the disease on individual patients and their families be effectively minimised.

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 infected with hepatitis C and has made available £91,000 in 1995/96, with a commitment to further funding in 1996/97 and 1997/98 for this purpose.

My officials have sent a similar letter directly to Mrs **GRO-A** on behalf of Stephen Dorrell.

JOHN HORAM