

11/54

Mr D'Souza

From: Dr R J Moore HSIA

Date: 11 May 1988

cc. Mr M Harris
Dr Pickles
Mr Barton

Mr Barton file
John
2 notes

I attach a background brief for Secretary of State's meeting on 16 May with Robin Cook, regarding compensation for recipients of blood infected with HIV.

for new file?

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RP

① *Ching*
7m asked to see

② *Wish*
Acqui-New file please.
under the 18/series but 14/5
title as highlighted above

Briefing for meeting with Robin Cook regarding compensation for recipients of blood transfusions infected with HIV

Problem

1. Robin Cook has a constituent who has contracted HIV as a result of blood transfusion. He wishes to argue that such people should be given special financial help in the same way as haemophiliacs.
2. Haemophiliacs were infected with HIV by contaminated blood products before heat-treatment was developed to make the products safe in 1985. It is estimated that about 1200 haemophiliacs were infected.

Trust Fund for Haemophiliacs

3. In response to a campaign and lobby, MS(H) made a statement on 16 November 1987 which announced an ex gratia payment of £10 million to the Haemophilia Society to establish a special trust fund to help HIV infected haemophiliacs and their dependents. It was emphasised that this was in recognition of the 'wholly exceptional' position of haemophiliacs.
4. The Macfarlane Trust has now been established and some payments have already been made to those in need.

Distinguishing Features of the Haemophiliacs Case

5. In discussing the nature of the scheme with Ministers, it was agreed that the position of haemophiliacs could be 'ring fenced'.

6. Haemophiliacs differ from the recipients of blood transfusions in the following ways:-

- a) they were already suffering from a serious disability which affected their employment prospects and insurance status. They had little opportunity to insure their lives or their mortgages or to build up savings in order to provide for their dependents.
- b) the hereditary nature of haemophilia can and in some cases does, mean that more than one member of the family may be affected.
- c) they were infected by a treatment designed to help them live as normally as possible.

7. Whilst there may be exceptional cases of blood transfusion recipients who had a pre existing disability which the operation was designed to alleviate this will not generally be the case. Nor is it likely that more than one family member will be affected.

8. MS(H) met Clare Short on 10 February 1988 when she put forward a case for compensation for her constituent who had contracted AIDS from blood transfusions. MS(H) explained that it would be difficult to justify special assistance for her but not for others who suffered, either from AIDS or in some other way, as a result of medical treatment, given that there was no general scheme of "no fault compensation". It would be difficult to maintain a distinction between those receiving blood transfusions and other groups such as those receiving skin grafts, organ transplants or even from mistakes by NHS staff. It would also be difficult to exclude UK citizens who had received blood overseas. The existing scheme could be justified on the grounds of the special combination of circumstances facing haemophiliacs.

9. An additional argument against compensation for transfusion recipients is that anyone who received blood in the last 10 years might become alarmed and seek to be tested even though the chance of infection would be very low indeed. Any compensation scheme would arouse false fears about the safety of the UK blood supply.

Safety of Blood Supply

10. The safety of the blood supply is maintained in two ways. Firstly leaflets have been issued to blood donors since 1983. They describe those groups of people most likely to have been exposed to the AIDS virus and who must not give blood.

11. Secondly, as soon as properly evaluated HIV antibody screening tests were available they were introduced. Since October 1985 every single blood donation has also been screened. There have been no reports of HIV infection arising from over 6 million units of blood collected by the National Blood Transfusion Service of England and Wales since that date, but there has been a donation in Scotland leading to infection in the recipient.

12. By the end of January 1988, 42 cases of HIV infection had been reported from blood transfusions given in the UK. This figure includes 9 cases of AIDS.

13. Overseas the risks of HIV infection from transfusions can be much higher, even in countries (like the USA) where screening takes place. Unlike infected haemophiliacs, the group of infected transfusion recipients is still increasing.

Estimates of Safety

14. At the beginning of 1987, the Chief Medical Officer used calculations by the Public Health Laboratory Service to estimate the chance of being infected by a unit of blood in the UK as "less than one in a million". A letter recently submitted to the Lancet for publication, and which we have seen, uses a more refined calculation based on American work. Within the limits of the assumptions made in the calculation it is in broad agreement with the "one in a million" for 1987 but suggests a slightly higher figure for 1986. The letter concludes by suggesting that up to 11 people who have received HIV-infected blood since 1985 may be alive today. This is a pessimistic view and in practice none has been reported.

Other Potential Pressures

15. Secretary of State may wish to be aware of a new pressure group 'Victims of Infections Transmitted by Transfusion' which aims to help

1. foster support groups for victims and families
2. press for compensation
3. collect/disseminate information and act as watchdog.

They do not appear to have started to lobby MPs yet and the size of their membership is not known. It gives the impression so far of being mainly a vehicle for its founder (Joan Brooks).

Line to Take

16. We have the greatest sympathy for all who have become HIV positive since the emergence of this new disease. However as announced on 16 November, the special financial help for haemophiliacs with HIV is in recognition of their wholly exceptional circumstances. Their employment prospects and insurance status were already affected by their blood disorder, and the hereditary nature of haemophilia can mean that more than one member of the same family may be affected.

17. After careful consideration, we concluded that this combination of circumstances does not apply to those who unfortunately have become infected with HIV through blood transfusions. However all the facilities of the NHS and a range of Social Security benefits are of course available to those who suffer illness, unemployment or loss of earnings as a result of infection with HIV or as a result of contracting AIDS itself.