IN CONFIDENCE

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Mr R Powell

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AIDS LITIGATION: SCOTLAND

Thank you for the copy letter and enclosures.

1. It would appear that the Law Society of Scotland is trying to coordinate claims on behalf of both haemophiliacs and transfusion recipients who have become HIV positive. I am not sure if they are fully aware of the different factors that may affect the outcome in the various cases, which we have already discussed ourselves. It would not appear that this is related to the efforts of the Haemophilia Society in trying to coordinate such information.

2. The "Condescendence" does not appear to have been drafted with the assistance of a Haematologist or Haemophilia Centre Director. It appears to be particularly critical of Dr Ludlam.

3. There are several points mentioned which could be challenged but one problem is that at the relevant time there was a lack of unanimity in the views of the "experts". However, in the UK, Haemophilia Centre Directors encouraged their patients to continue to use factor VIII because in their view the risk from bleeding episodes outweighed the risk from AIDS. As a result the assertions in 7 on page 5 would probably fail.

4. The use of treatment other than factor VIII concentrate for a haemophiliac would depend on several factors:
   i. the resting level of factor VIII of the individual
   ii. the frequency and severity of bleeding episodes historically in this individual
   iii. the current episode requiring treatment, its severity and whether it were a) an emergency and if so whether it were life-threatening or what the potential degree of short term or long term morbidity might be, b) if not an emergency, what the outcome might be if the procedure

were not carried out.

Needless to say, the final decision on treatment would be based upon the clinical judgement of the doctor concerned and on the informed consent of the patient. Alternative treatments that might be used would include:

i. DDAVP - a synthetic product which may be of use in patients with mild haemophilia or von Willebrand's disease

ii. Cryoprecipitate which comes from a smaller number of donors and so reduces the risk of HIV infection. Its use is very time consuming and its potency is variable. It is also not practical for use as home therapy, which after all, was one of the major reasons for the development of factor VIII concentrate.

iii. Fresh frozen plasma - this has not been concentrated at all and so to achieve good haemostatis might require large volumes. This would necessitate admission to hospital as well as the potential risk of heart failure. The risk of HIV infection would be approximately the same as for cryoprecipitate.

iv. Blood - unless blood were used very fresh indeed, most of the factor VIII activity would have been lost. The main reason why it is not available is because of the delay in testing for HIV, HepB etc. There is no place whatsoever for the use of blood in treatment of haemophilia unless it is to replace red cells which have been lost during a major bleeding episode.

GRO-C

DR A REJMAN
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GRO-C