

Miss Long.

I gather that the question of liability may arise in two ways:-

- (A) where plasma is issued by the B.T.S. to a hospital to be used by the hospital's own staff; and
- (B) where plasma is given to a patient either by a M.O. of the B.T.S. or by a M.O. of a hospital.

On (A), it seems to me that it will be difficult to make the B.T.S. liable if -

- (a) they give full warning of the potential dangers, and
- (b) take all reasonable steps to withdraw or destroy any batch which they know - or ought reasonably to know - is particularly dangerous.

It seems, therefore, desirable that the B.T.S. should take steps to have the batch number of plasma recorded at the time of use, and to be informed immediately if any case of jaundice develops, so that action can be taken to avoid any further use of that batch. Whether such course is reasonably practicable is a question on which I cannot express any opinion.

On (B), I think that a M.O. who gave plasma to a patient would not be liable for any jaundice which developed if after full consideration of the relative risks involved he honestly and reasonably decided that the risk was worth running in the circumstances, and took all reasonable steps to reduce the risk to the lowest possible level. I do not think that "clinical convenience" would be a useful defence.

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These general principles cannot cover all cases. There may, for example, be negligence on the part of a hospital staff, if blood stocks are allowed to run out, so that only plasma is available.

(Sgd. J.M. Keidan,
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