

BACKGROUND NOTE

1. There are many examples of drug reaction and medical treatments given in good faith where non-negligent harm has occurred, and those suffering as a result could press for Government compensation. We have resisted calls for payments to those who have contracted hepatitis C through NHS treatment along with more general calls for a no fault compensation scheme for medical accidents in the NHS.

2. Our concern has been to ring fence the payments to HIV infected haemophiliacs, and those infected with HIV through blood transfusion. There has always been the danger that these payments might encourage claims from other groups damaged by medical accidents (see para 9 below). Each time a concession is made it becomes more difficult to re-establish a credible ring fence to prevent further movement towards a general no fault scheme for medical accidents.

3. The Government made special provision for those with haemophilia and HIV because of their very special circumstances. The justification for the payments to the HIV haemophiliacs was that they were doubly disadvantaged; the problems of HIV were superimposed on the health, social and financial disadvantages they already suffered as the result of their hereditary haemophilia. Following a campaign on behalf of those infected with HIV through blood transfusion, the Government extended the payments to this group, concluding that they too were a very special case. Both groups shared the tragedy of becoming infected with HIV through medical treatment.

4. Most haemophiliacs were infected with hepatitis C before blood products were treated to destroy viruses. The hepatitis C virus is carried in blood and can also be transmitted by blood transfusion. It is much less severe than HIV and some individuals carry the virus without any ill effect. 50% may progress to chronic hepatitis with varying degrees of ill health - it can cause liver damage - and mortality. Some of these will respond to interferon treatment. It is not transmitted sexually as easily as HIV. Hepatitis C does not have the same social consequences of ostracism that has HIV.

5. Vaccination against Hepatitis B offers protection to haemophiliacs and their spouses. Those haemophiliacs who accepted the HIV settlement are precluded from raising the hepatitis issue as the arguments on causation are so similar to HIV. However, there are several thousand haemophiliacs who may be infected with hepatitis, but not HIV, and did not share in the settlement.

6. Routine screening of donated blood for the presence of hepatitis C began on 1 September 1991. The early screening tests which became available in 1989 were imperfect and there were no means of confirming whether a positive reaction to the screening test was a true indication of infection.

7. It is known that some patients will have been infected through blood transfusions but there is no routine referring of cases which would give us the overall numbers.

9. There is pressure for compensation for those children who received treatment with human growth hormone and who may now be at risk of developing CJD (the human condition analogous to BSE "mad cow's disease"). There are around 2,000 such people and 13 have died from CJD. Litigation is pending.