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From the Parliamentary Under Secretary of State

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Ms Joan Walley MP

22 NOV 1996

Thank you for your letter of 23 October on behalf of a number of your constituents asking the Government to reconsider its decision not to give further help to haemophilia patients who have contracted hepatitis C through blood products.

I have recently replied to a letter from the Haemophilia Society seeking financial help for those so infected.

After much thought, I concluded that it would not be appropriate to offer financial compensation to haemophiliacs who have been infected with hepatitis C. I will explain my reasons for this, but I should first stress that I shall continue to listen to the arguments and look at other ways in which we can provide help.

The Government has already made clear our deep sympathy for all those affected by this inadvertent tragedy. We have been very touched by the real problems that they clearly face and I am committed to doing what I can to help. In considering whether compensation is the right way to do this, two points have been apparent.

Firstly, we do not accept that there has been negligence on the part of the NHS. Tragic though it is that the very treatment designed to help those patients infected should have caused them harm, there can be no question that they received the best treatment available at the time. That treatment was essential for their survival. We take the view that compensation is only appropriate where there has been negligence. If we were to provide compensation on the basis of non-negligent harm, this would very quickly develop into a general no-fault compensation scheme which would be both unworkable and unfair.

Second, all the proposals for compensation (and we have considered a wide range of options) involve the expenditure of substantial sums of public money. We have a duty to consider the effect of such a sizeable sum on other health service expenditure. That duty has led us to conclude that funds that are available to the NHS, from whatever source, are best used in direct patient care.



I entirely share the Haemophilia Society's aim for progress in areas such as the treatment and care of those infected, research and public education. A key priority must be to improve our understanding of the disease. We have made available additional funds to aid research into hepatitis C, its natural history and optimal treatment. Whilst primarily geared to improve the understanding of hepatitis C generally, any developments from this will be important to co-sufferers of haemophilia.

We have also supported an initiative by the Haemophilia Society to undertake a study into the best way to support its members who are infected with the hepatitis C virus, with a grant of over £90,000 in the last financial year and £117,000 in 1996/97 (on top of core funding of £35,000 last year and £38,000 in 1996/97). We have told the Society that we would welcome any proposals from them to provide continuing support to this group as part of the Society's ongoing core activities when they bid for further Section 64 grant funding. This is an area where resources can be directly targeted to provide practical help and improve services to infected haemophiliacs.

A handwritten signature in black ink, appearing to read "GRO-C".

GRO-C

JOHN HORAM