

In Confidence

Minute of Meeting of the Medical and Dental Staff Committee of the Royal Infirmary of Edinburgh and Associated Hospitals held in the Large Surgical Lecture Theatre, The Royal Infirmary of Edinburgh, on 22nd July, 1970.

PRESENT

G.D. Matthew (Chairman)  
J. G. Robertson  
M. M. Lees  
P. W. Hannay  
T.B.M. Durie  
J. H. Bowie  
B.P. Marmion  
S.H. Davies  
Sir Michael Woodruff  
I. Percy-Robb  
A. Lambie

S.G.M. Francis (Medical Superintendent)  
D.J.C. Shearman  
W. R. MacRae  
J. D. Robertson  
D. L. Hamblen  
R.C.B. Aitken  
J. D. Matthews  
L. G. Whitby  
P. J. Hare  
D. B. Scott (Honorary Secretary)

also the Minute Secretary

Apologies

Apologies for absence were intimated from 23 members.

G1/70 Minute of Last Meeting

The Minute of the meeting held on 18th December, 1969, copies of which had been circulated, was submitted and approved.

G2/70 Infective Hepatitis

The Chairman referred to the outbreak of hepatitis in the Royal Infirmary which had resulted in a number of deaths, and explained that there were four points in regard to the matter, as follows:-

- (1) the immediate precautions taken to minimise the spread of infection and the risk to hospital personnel;
- (2) the elimination of the source of infection;
- (3) the provision which might be made for acutely seriously ill patients; and
- (4) the long term policy for the prevention of outbreaks.

The Executive Committee was aware that Professor Marmion had been appointed by the Regional Board to consider all aspects of the present outbreak and that he had convened a meeting for this purpose, but the Committee was concerned at the immediate steps and the immediate action to be taken.

The Medical Superintendent had taken steps under (1) above. In regard to (2) the Executive Committee had brought pressure on the Regional Board to provide facilities for home dialysis to allow the run down of the unit in the Royal Infirmary but the time factor for this was six months. With reference to (3), the Executive Committee had supported the Board of Management in a proposal to provide a special care unit for acutely ill patients. Regarding (4) the Executive Committee had asked the Board of Management to request the Regional Board to initiate a review of the facilities for renal dialysis.

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The Medical Superintendent enlarged on the steps which had been taken under (1) and explained that he had written to the Senior Administrative Medical Officer of the Regional Board on the ethical problems involved. It was understood that the Regional Board had taken the matter up with the Scottish Home and Health Department.

Professor Marmion reported on the position and explained that an extensive survey had been carried out by a Working Party appointed by the Laboratory Sub-Committee whose report was expected within the current week. In regard to the treatment of seriously ill patients, a proposal that the canteen should be converted for this purpose had not been accepted by the Board of Management and the matter had been referred to the Regional Board who were considering what finance was available. Consideration was being given to the clinical management of cases.

Professor Sir Michael Woodruff said the staff were grateful to many people and particularly to Professor Marmion for the work done during the outbreak. He referred to the four points which had been made and suggested that a fifth point was the need for a national policy and the introduction of a code of procedure on the day to day precautions which were required to ensure that the work of the hospital was not brought to a standstill.

In regard to (2) he suggested that a way to eliminate the source of infection was the use of special blood and that a national policy was called for. With reference to (3) he was delighted to hear that the Royal Infirmary were getting these facilities, as the facilities of the City Hospital were inadequate. In regard to medical methods of treatment he thought that national conferences might be helpful in this respect. Regarding (4), transplants should be done early before the patient caught the disease. There was a responsibility to patients who had rejection and hospitals could not abandon a patient because he contracted a dangerous disease.

There was need for social security for staff and dependants. An ex gratia payment from the Secretary of State was not a satisfactory arrangement and there should be proper provision of compensation for staff who became infected, and adequate compensation for dependants. If life insurance was refused to staff because of the high risk involved in their work, the hospital service had an obligation to underwrite the cost.

The Chairman explained that the question of compensation had been taken up but the result had not been satisfactory.

The Committee noted the points made and agreed that the question of insurance should be raised with the appropriate medical insurance organisation for the assurance of the junior staff.

G3/70 Matters Arising Minute of Meeting of 18th December, 1969

(1) Interin Developments

It was reported that a comprehensive memorandum on the interim development requirements during the reconstruction of the Royal Infirmary had been sent to the Regional Board in 1969 but no action had been taken pending information from the Scottish Home and Health Department on the hospital building programme. Following a statement in the House of Commons, the Regional Board had given details of the accommodation to be provided in Phases 1 and 2 of the new Royal Infirmary on the basis of the approved development plans. The building programme had been set out on three Bands with Phase 1 of the Royal Infirmary included in Band 1 to start after 1971.

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The Regional Board were seeking to provide a Nurse Teaching Unit on the west side of Chalmers Street and in its place on the Main Phase I building were planning to provide the Dermatological, Ear, Nose & Throat, and Venereal Diseases out-patient departments in their permanent location, some associated academic component, and, if practicable in terms of available space, a surgical consultation department to replace the accommodation presently provided in Ward 1.

The Regional Board had asked the Board of Management to consider the divisional system on the surgical side and an intensive care area on the medical side, etc. which were not relevant to the interim programme. The Board of Management had pressed the Regional Board for an answer to the interim programme and a reply had been received which stated that no provision for interim developments could be made from the major building programme; that capital funds of the order so far envisaged by the Board of Management were not available from the ordinary building programme; but that the Regional Board would be glad to discuss with the Board of Management what could be done from resources the Regional Board might have and resources the Board of Management might be able to provide themselves.

It was explained that a meeting of the Ad Hoc Committee on Interim Developments had been convened for 25th July, 1970, to review the position in the light of the information received. It was considered that the Ad Hoc Committee could only ask the Board of Management how much finance was available from Endowment Funds and decide on a list of priorities.

Professor Sir Michael Woodruff suggested it was evident that the Royal Infirmary was not going to get a fair share of the finance available and thought that the Regional Board did not appreciate the special responsibilities of hospitals like the Royal Infirmary, not because they were teaching hospitals, but because teaching hospitals had highly specialised staff and received patients from other parts of the country and world. A public debate might be an effective way of achieving this. He also suggested that the Board of Management might ask for donations and draw the attention of the public to the matter.

The information was noted.

(11) Meeting of Chairmen of Medical Staff Committees

It was recalled that the Chairmen of Medical Staff Committees had requested a meeting with the Secretary of State to draw attention to the inadequate funds allotted to the Hospital Service. A meeting with officials of the Scottish Home and Health Department had been held when it was admitted that there was not sufficient money available.

The Chairmen had suggested that the Treasury should allocate a bigger share to the Health Service and that the public should be made aware of the shortage of money and be given an opportunity to say how they could contribute to the running of hospitals. There was a veto on appeals for money and the Scottish Home and Health Department were doubtful if it would be a solution on the scale necessary.

An approach had been made to the new Secretary of State and the Chairman had been invited to meet an Under-Secretary. It was thought this might be useful.

The information was noted.

(111) Laboratory Services

It was recalled that the Laboratory Sub-Committee had pressed for a meeting with the Regional Board regarding the shortage of staff in the laboratories. The Executive Committee, however, had no information about the meeting taking place.

Dr. Davies explained that no meeting had so far been held. The Secretary and Treasurer had written to the Regional Board early in the year but the date had proved unsuitable and he was making a further approach to the Board. The situation in the laboratories was still difficult.

Professor Whitby said that certain determinations had had to be withdrawn. In answer to Dr. Matthews who asked if wards had reduced excessive demands, Dr. Davies stated that the work load had only been reduced by compulsory reductions. Dr. Matthews said that there was an impression that the laboratories were still getting too many demands and suggested that Registrars were not being checked in this connection.

The Chairman pointed out that the Ad Hoc Committee set up to examine the demands on laboratories had stated that there was no abuse of the service.

The Committee noted the position and agreed that sub-committees should be requested to keep the matter under observation.

It was also agreed to continue to press for a meeting between the Laboratory Sub-Committee and the Regional Board.

(IV) Appointment to Board of Management

The Committee noted that the Regional Board had re-appointed Mr. McIntosh and Professor Robertson to membership of the Board of Management but had not appointed Dr. Jackson.

(V) Reconstitution of Executive Committee

The Committee noted that Professor Greening had been nominated to membership of the Executive Committee and that the vacancy arising from Dr. J. G. Robertson's appointment as Deputy Secretary, had been filled by Dr. J. Livingstone.

G3/70 Ethics of Clinical Research

It was recalled that the Executive Committee had had under consideration the formation of a committee for the ethics of clinical investigation in the Royal Infirmary. The matter had been very fully considered both by the Executive Committee and by the sub-committees, and on the whole there had been general agreement in principle but disagreement on points of detail. The Executive Committee had recommended that initially the sub-committees should constitute their own ethical committees and that the Executive Committee should act as an advisory committee to adjudicate as necessary. The Executive Committee also recommended that all research projects or investigative procedures not directly related to patient management or treatment and involving discomfort or risk, should be referred to the ethics committee for approval, and that new methods of treatment involving potential risk should be referred for agreement.

It had been considered that signed documented consent by the patient should not be obtained but that the position should be explained to the patient, in the presence of a second doctor or a State Registered Nurse. The fact that permission had been obtained should be put into the case notes.

The Committee accepted the recommendations of the Executive Committee on the ethics of clinical research and agreed that sub-committees should be advised accordingly.

G4/70 Private Patients/



C4/70 Private Patients

It was explained that the seven private patient beds were not being utilised to the full extent and that if there was a low bed occupancy the Scottish Home and Health Department could withdraw the privilege. It was hoped that part-time consultants would make use of the facilities. The Executive Committee was asking the Board of Management to improve the conditions.

The information was noted.

G5/70 Use of Ward 21

The Committee noted that Ward 21 would continue as part of the renal area and would also be used for special metabolic studies.

G6/70 General Meetings

It was agreed that General Meetings of the Medical and Dental Staff Committee should be held during the months of June and November of each year in future, instead of July and December as at present.

G7/70 Close of Meeting

There being no further business the meeting closed at 6.35 p.m.

GRO-C