

GEB 15

Mr D E Burrage
CA-OPU2
DHMTA014
Department of Health

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To: Miss Cheryl Cavanagh
PR/OFF
DHMTA003
Department of Health

Cc: Dr A Rejman
HC(M)1
DHMTA014
Department of Health

Mr T Kelly
CAOPU2
DHMTA014
Department of Health

Mr Noel Durkin
HP(A)3B
DHMTA026
Department of Health

Subject: POH(3)4608/75: PAYMENTS TO HAEMOPHILIACS INFECTED WITH
HEPATITIS THROUGH BLOOD PRODUCTS

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Miss Cavanagh APS/PS(H)

From: T A Kelly

Date: 15 July 1994

cc: Dr Rejman HC(M)1
Mr Durkin HP(A)3

File GEB 15

POH(3)4608/75: PAYMENTS TO HAEMOPHILIACS INFECTED WITH
HEPATITIS THROUGH BLOOD PRODUCTS

I attach advice and a line to take on payments for those
infected with HIV through NHS treatment, but not hepatitis,
following the correspondence with David Porter Esq MP.

T A KELLY
CA-OPU2
Rm 315 EH
Ext **GRO-C**

PAYMENTS TO HAEMOPHILIACS INFECTED WITH HEPATITIS THROUGH BLOOD PRODUCTS

1. There are many other 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.
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. 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. Hepatitis C is much less severe than HIV, 50% may progress to chronic hepatitis with varying degrees of ill health 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. They, like Mr Porter's constituent, may feel that they have lost out and press the hepatitis case.
6. 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.

Line to take

We accepted that the haemophilia patients who, tragically, contracted HIV through infected blood products were a very special case.

We have no plans to extend the settlement scheme for haemophilia patients with HIV to those who may have been infected with hepatitis.