

MS CLAYTON RL

From: Dr P J Doyle MED MPO

Date: 28 July 1988

cc : Dr Pickles AIDS Unit
Dr Moore MED TEH
✓ Mr Harris HS1
Miss Winterton HS2
(with copy of letter)
Dr Halliday HPS)
Mr Denham RL)
Dr Thorne MED MPO)

**USE OF UNTESTED FRESH BLOOD :
LETTER FROM DR CONTRERAS - NWTBTS**

1. You asked for advice on this letter, in particular whether Dr Seymour has been involved. The problem has been around for some time and has previously been discussed with Dr Seymour and Dr Contreras by officials in this Department. I understand that Dr Pickles has had other letters on the subject from Dr Contreras.

2. The current letter poses certain problems. First what attitude do we take to the allegations, second how do we handle the letter and third, how do we ensure that effective action is taken to prevent further problems of this sort arising.

3. There seems to be no doubt that the use of untested blood is highly undesirable and contrary to departmental guidance. Nor, as I understand it, is it necessary as adequate testing can be done in a matter of minutes. Equally there can be no excuse for not labelling blood or any other specimen properly and for not keeping adequate records.

4. The use of fresh blood is more controversial. It would appear that there are a number of clinicians like Professor Yacoub who are firmly convinced of its efficacy. Countering the use of fresh blood, assuming that it has been adequately tested and labelled, may be more difficult.

5. I have spoken to Dr Seymour. He has spoken to Professor Yacoub previously on this matter but apparently without success. He has agreed to tackle him again but if Professor Yacoub remains resistant to his admonitions then the RHA may wish to approach the Department formally for advice on how to handle the situation. In part this is because of the recognised difficulty of handling an eminent clinician like Professor Yacoub but also because the problem extends wider than within the remit of the RHA. It involves at least one SHA and the functioning of a supra-regional service. Mr Glass and Mr Denham could, with advantage, sound out the National Heart to see what their view is of the situation. I have in fact spoken to John Plant about this issue in the past. It would appear he has taken no action either.

6. It would seem that pressure is going to have to be brought to bear on Professor Yacoub to get him to recognise the following points :-

i. The use of untested blood and inadequate record keeping cannot be allowed;

ii. the efficacy of fresh blood, is a matter of controversy, so should preferably be subject to a formal clinical trial.

7. The immediate channel for bringing such pressure to bear is clearly Dr Seymour. It may also be possible to bring pressure to bear through the professional network. However if these fail it would seem we are left with only fairly radical options such as threatening to withdraw supra-regional funding or commencing formal disciplinary procedures under HM(61)112.

7. The more immediate problem is how to reply to Dr Contreras. Dr Pickles has agreed to draft a section of the reply dealing with the policy view on the use of fresh blood and the allegations made. I would have thought that we (RL) will have to add a section explaining that it is for the Health Authorities involved to take action and she should direct her efforts through those channels. At the same time I would have thought that a letter setting out our view of the position should go to Frank Seymour, David Kenny and John Plant.

8. If you and copyees are content with this approach I would be happy to co-ordinate a draft if this can be done before I go on holiday. Finally I think we must all be aware that if a letter such as the one Dr Contreras has sent to us were to get into the public domain it could create considerable difficulties, particularly as I understand from Dr Seymour, not all of the allegations in Dr Contreras' letter can be substantiated.

GRO-C

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