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BMA FOUNDATION
for AIDS

✓ Dr. S. S. S. S.
Ms. M. M. M.

7 September 1995

Professor K C Calman MD FRCP FRCS FRSE
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Department of Health
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BMA Foundation for AIDS

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Our ref: FAIDS/HC



Dear Professor Calman

Deaths due to AIDS or HIV-related causes

I am writing further to Dr Fleur Fisher's letter to you dated 11 November 1993 and your reply dated 13 December 1993, to enquire as to what progress the Department of Health and the Home Office have been able to make regarding the certification of HIV and AIDS related deaths. As you will recall, the Trustees of the BMA Foundation for AIDS were concerned about the views of the Exeter coroner, Mr Van Oppen, who has asked doctors to report such deaths to him and who also requires the registrar to inform him of any death for which the doctor has ticked the box on the certificate indicating that he or she has further information which can be provided in confidence.

Project- 95/308
Sent- 13/9/95
- 4/10/95

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This problem has assumed a greater degree of urgency since Mr Van Oppen has recently held an inquest following a death which was due to AIDS. We understand that he had originally intended to order a post mortem, as well as the inquest, but was persuaded against this. According to evidence given at the inquest, the deceased had been HIV positive since 1988. The GP and hospital doctor agreed that he had been terminally ill with toxoplasmosis encephalitis when admitted to hospital. Although the deceased was a drug user and the admission to hospital occurred only hours before death, I find it difficult to see what purpose was served by holding an inquest in such circumstances, especially since the deceased had a partner and stepchildren who could potentially have been damaged by publicity. Because the coroner found that AIDS had been caused by drug abuse, his verdict was that death was due to misadventure.

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In addition, we have been informed of other cases in which the coroner has made inconsistent decisions, which seems to suggest that he may be acting on the basis of personal prejudice. Thus, while he advised a doctor certifying the death of a haemophiliac patient that AIDS need not be mentioned on the certificate, he insisted on its being stated in the case of a woman whose HIV infection had been acquired heterosexually, causing significant distress to her relatives. In this case, before giving instructions as to how the certificate should be completed, he also asked a health professional who had been involved in the woman's care whether the patient had practised anal sex.

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We understand that these cases have raised substantial concerns among health professionals caring for patients with HIV and AIDS in the Exeter area, as well as distress to relatives. There is, however, an understandable reluctance among health professionals locally to challenge Mr Van Oppen's approach directly, and we have been asked to take the issue up at a national level.

I would therefore be most grateful to know what action is being taken to resolve this matter in order to prevent similar problems from occurring in future.

Yours sincerely

GRO-C

Hilary Curtis
Executive Director