

BRIEFING FOR THE PRIME MINISTER : 27 January 1997

HAEMOPHILIACS WITH HEPATITIS C

I have deep sympathy for those affected by this inadvertent tragedy.

After much serious and careful thought the Government concluded last autumn that it would not be appropriate to offer financial compensation to haemophiliacs who have become infected with Hepatitis C. But we shall continue to listen to the arguments and to look at other ways in which we can provide help.

Tragic though it is that the treatment designed to help those patients should have caused them harm, there is no question that they received the best treatment available at the time. I believe that compensation is only appropriate where there has been negligence.

Compensation would inevitably require substantial sums of public money, and we have a duty to consider the effect on other health service expenditure. I am convinced that the funds available to the NHS are best used in direct patient care.

In the case of patients inadvertently infected with the HIV virus, the decision to make payments to those affected, and to establish a hardship fund, was taken in the light of their very special circumstances. On that occasion we were convinced by the very special nature of the disease and by arguments that it would not lead to further similar claims for compensation.

BULL POINTS

Patients received the best treatment available at the time - treatment necessary to their survival.

Regrettable though it is, no medical intervention can be risk free.

Since the introduction of viral inactivation processes in 1985, blood products have had a very good safety record.

We entirely share the Haemophilia Society's aim of progress in the treatment and care of

those infected.

The Department has made an additional £1 million available to aid research into hepatitis C, its transmission, natural history and optimal treatment

The Department is giving grants to two voluntary organisations working with those infected with Hepatitis C.

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BACKGROUND

1. About 3,000 non HIV positive people with haemophilia, and possibly a further 3, 000 people who are still alive who had blood transfusions prior to September 1991, are believed to have been infected with hepatitis C as a result of NHS treatment.
2. Those with haemophilia were infected before blood products, including those used to treat their condition, began to be heat treated to inactivate viruses in 1985. (Those infected through blood transfusion were generally so infected before blood donations began to be tested for hepatitis C in 1991 - as soon as reliable tests became available.)
3. The Haemophilia Society began a campaign in spring 1995 for financial help for haemophiliacs infected with hepatitis C through blood products. The campaign has been supported by a number of MPs of all parties, who have tabled questions and Early Day Motions and instigated debates on the subject. Ministers turned down the request for financial help for this group last October on the grounds that patients received the best treatment available at the time and, in the absence of negligence on the part of the NHS, there was no basis for making payments.
4. The campaign is, however, continuing. The most recent representations on this subject have focused less on the claim of negligence, and more on the financial need suffered by many of those faced with the dual burden of haemophilia and hepatitis C. Campaigners claim that the Government have a moral duty at the very least to provide a Trust Fund for those in most urgent need. Ministers take the view that, whatever the scale of the financial assistance sought, and whatever such assistance might be called, the basic arguments against making a payment still hold good.