

Mr Jex APS/MS(H)

From : D E Burrage EHF1A

Date : 5 June 1991

cc : Mr Dobson EHF1  
Dr Rejman MEDISP  
Mrs James SOLB3  
GEB 15

POH 2/ 1697/ 307 - GRAHAM ROSS

My earlier minute of today refers. I attach for consideration a revised draft reply, cleared with Mr Dobson, for MS(H) to send to Graham Ross. I understand that you will be arranging for the reply to be placed in the library of the House.

GRO-C

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POH 2/ 1697/ 307

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Thank you for your letter of 16 May to William Waldegrave about payment to people who have contracted HIV as a result of blood transfusions.

Firstly, let me say that I have every sympathy for the plight of those who have become HIV positive after receiving blood transfusions. However, the Government does not accept that those infected with HIV as a result of blood transfusion have a stronger claim for compensation than other patients who may have been injured as the unfortunate result of medical accidents or as an unintended side effect of medical treatment. Since Roger Freeman's statement in the House on 7 March, to which you refer, no new arguments have been put forward which would lead the Government to change its view.

You say in your letter that you can see no distinction between blood transfusion recipients and haemophiliacs. In the Government's view, the circumstances of the haemophiliacs and their families were wholly exceptional and I believe that the special provision made for them - and widely welcomed at the time - was justified. In brief, the haemophiliacs were doubly disadvantaged by the pre-existing haemophilia, which affected their employment, mortgage and insurance prospects, and by their

HIV infection. The hereditary nature of haemophilia can mean that more than one member of the family might be affected. This combination of factors would not generally apply to blood transfusion cases.

As you rightly say, Canada has decided to make provision which includes infected blood transfusion recipients. Other countries, of which the UK is one, have made special provision for haemophiliacs infected with HIV. Countries differ in their approach to social benefits, health care and other matters and make decisions in the light of their particular circumstances.

It has been argued that all those who are injured as a result of a medical accident should receive compensation from the state, whether or not anyone had been at fault. Successive governments have never been persuaded that a general scheme of no fault compensation of such a kind would be fairer than present arrangements. Since the settlement offer for haemophiliacs was announced last December, a general scheme of no fault compensation for the NHS has been considered in Parliament and decisively rejected. The Government's view remains that such a scheme would be unworkable and unfair.

I am sorry that this will be a disappointing reply, but I hope it explains why the Government have no plans to extend the special financial help for haemophiliacs to people who have been infected through blood transfusions.

VIRGINIA BOTTOMLEY