

N. G. GARDINER

H. M. Coroner
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17th April 1989

Dear Doctor Rizza

Re; GRO-A, deceased

Further to our telephone conversation I did write to the Secretary of the Coroner's Society and he confirms my own view that there is no easy answer to the problem. I understand that the Registrar General has issued general instructions to Registrars of Death that if the infection appears on the Doctor's certificate they should not enquire how it was caught. For this amongst other reasons only a very small number of cases are likely to be reported to me at all and cases that are reported to me will normally be where the H.I.V. status of the deceased has nothing to do with the cause of death, e.g. a road accident or even a suicide or where although the H.I.V. might be the reason for the act it has nothing to do with the actual cause of death.

The above does not however help in cases such as GRO-A and GRO-A. Under Section 8 of the Coroner's Act 1988 where a Coroner is informed that there is a body in his district and there is reasonable cause to suspect that the deceased died an unnatural death then he shall hold an Inquest. "Unnatural" is not capable of exact definition but certainly if a person is infected e.g. as a result of voluntary sexual activities I would not regard it as unnatural. However, it is difficult to regard a transfusion as a natural process and if as in these cases I am told that a person was infected with H.I.V. as a result of a transfusion with a contaminated product and dies as a result of the infection I think I am bound to fulfill my statutory function. In essence it is difficult to distinguish such a case from a case where a person for whatever reason is given the wrong drug and dies as a result.

The case of GRO-A is particularly unfortunate in that probably under the Registrar General's directive it need not have been referred to me at all but it was and has to be investigated.

I am of course very well aware of the distress these cases can cause relatives particularly if publicity results, and will always do my best to minimise such consequences. I had expected Mrs GRO-A to give a brief statement to my Officer on the day that the Inquest was opened but she did not in fact do so and has not so far forwarded a statement. I hope for her sake that this does not mean she has to be called to give evidence in Court when it could have been avoided. I do have certain powers to accept evidence in written form in lieu of calling the witness in person and I can direct that the written evidence should not be read aloud in Court.

The Pathologist has given the cause of death as;

OXUH0001262_007_0001

- 1a Disseminated Lymphoma
- 1b Haemophilia and H.I.V. Infection

I have not yet been given the information in formal fashion but it is my understanding that Mr [GRO-A] as a haemophilia victim was under the care of your unit and that at sometime in the past contracted the H.I.V. infection from blood products given to him. If this is the case then a statement from you on the lines of the one you gave in the [GRO-A] case is probably all that is required and unless you actually wish to attend could probably be accepted in documentary form. I would however have to give you formal notice of the hearing under Rule 20(2)(D) copy attached. If in your statement you are able to confirm with reasonable certainty the source of the infection and assuming I have no other information to the contrary I would not feel bound to enquire into other possible sources of infection although such negative evidence could conveniently have been included in a statement from Mrs [GRO-A]. A sentence such as "I have no reason to think the infection was contracted in any other way" would be quite sufficient.

I do not wish to put words into your mouth but if it is the case I would certainly have no objection to your saying that although contamination was a problem in the past advances in knowledge and testing procedures have eliminated it.

Yours sincerely / / /

GRO-C

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