Witness Name: GRO-B

Statement No.: WITN2151002

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INFECTED BLOOD INQUIRY

EXHIBIT WITN2151007

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Professor A J Zuckerman
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Your ref: *Our ref:* GRO-B *Date:* 11/07/96 *Reply to:* Edinburgh Mr Donald

Dear Professor Zuckerman

Solicitors' Hepatitis Group (Scotland)

I have now the comments of my various colleagues in respect of your report and would appreciate your further comments on the following points:-

1. The general flavour of your opinion and conclusion are to the effect that given all the circumstances and the relative risks, there is no realistic basis for a claim against either the Government or the Scottish National Blood Transfusion Service. In other words, given the circumstances prevailing in respect of the identification of the hepatitis C virus, it is likely that the "state of the art" defence would be capable of being established. Is that correct?

2. I appreciate the details you give in respect of the history of identification of the virus and the difficulties facing those attempting to establish and effective detection test. You say on page 5 of your report that preliminary trials were completed in the autumn of 1990 at which time two manufacturers were planning to introduce more sensitive and specific tests. These tests were in fact available in February 1991 but required evaluation and further testing in the U.K. so that they were not introduced universally here until 1st September 1991. Would it have been possible, and if so, appropriate (apart from resources), to have introduced the tests earlier even by only a few months?

3. I also note your comments with regard to risk assessment and risk tolerance as compared with the perceived risks of infection and that the use of blood and blood derivatives from large pools of plasma is largely beneficial for those sadly suffering from haemophilia. Would you not agree that the same considerations do not apply to matters of whole blood for transfusion purposes and that earlier effective screening and indeed surrogate testing would have been on balance more beneficial than the risk of transfusing infected blood? I say this because although the hepatitis C virus was not identified .../

identified until 1989, from 1985 the Non-A Non B virus was known of. What if any action, whether by screening or testing, could have been taken against the transfer of this unidentified virus and its infective potential?

4. Equally I note that you say that the most important factor in reducing the instance of post-transfusion hepatitis has been the elimination of paid professional blood donors. Since as far as I know the U.K. has been self-sufficient in whole blood, certainly since the mid-1980s, is it the case do you think, that the infection has arisen purely because of donations by infected donors in the U.K. or was it the case that whole blood was being imported also?

5. Indeed was there no other source of blood products for import rather than the United States, bearing in mind the well-known practice there of paying blood donors?

6. You will recall of course that I also asked in my original instructions for you to comment on liability of the Government and SNBTS for patients infected with hepatitis B. There are very few cases, but do you agree that since there has been an effective test since 1985, anyone infected with hepatitis B is likely to suggest medical negligence?

7. On of my colleagues has asked the following question on which I would be glad of your comments. "Are you aware from the information available whether haemophiliacs were advised of the risks from blood derivatives prepared from large pools of plasma as compared with the risk of death from bleeding". You make reference at page 4 to the risk of contracting AIDS from blood products as being 1:100 but are there risk figures in respect of the contraction of hepatitis C and death through bleeding? I appreciate that you have given general views on the benefits to haemophiliacs but do you consider that they were given sufficient information or advice to enable them to make an informed choice, even if it were only in respect of the possible infection with the Non-A Non-B virus and its possible consequences?

I shall look forward to hearing from you.

Yours sincerely

BRIAN G DONALD