

David Dimbleby

We turn now to another problem that faces the Minister and on a quite different subject; and that is the public's worries about the disease AIDS. They have surfaced again this week when parents of Scantabout school in Hampshire kept their children at home on discovering that a haemophiliac boy (and it's only males who suffer from that genetic disorder) that a haemophiliac boy had AIDS antibodies present in his blood. It was the result of a contaminated blood product used in his treatment and they were later reassured that no harm would come to their own children in contact with him and most of them returned their children to school. But now there are reports of cases affecting other schools which are also causing parents concern. Dr Peter Jones is the Director of the Haemophilia centre in Newcastle and a medical adviser to the Haemophilia society and he thinks the Government's approach to AIDS isn't good enough.

Voice over by Dr P Jones

The events at Scantabout are profoundly disturbing to families coping with Haemophilia. Twenty years ago Haemophilia meant pain, crippling, isolation, loss of education, poor employment prospects and early death. Modern treatment has changed all this. Boys with haemophilia now play, grow learn and thrive in ordinary schools just like other children. The idea that they require special supervision, whether because of Haemophilia or AIDS, is repugnant. It labels the Haemophiliac unnecessarily. Boys like this are no threat to others; there is no risk so why did the fuss at Scantabout school happen. I believe it was yet another failure in communication which has become the hall-mark of the Government's handling of AIDS. Those of us who work with affected families every day are not frightened. What is frightening is not AIDS, but the lack of a coherent response to the problem. The Department of Health and the Department of Education have had all the evidence needed to give clear guidance since April. What has happened? Guidelines for laboratory staff handling specimens were fundamentally changed within a month of issue. Testing of individual blood donations which started in America in May has still not started here. Unused testing kits are still sitting on the shelves of the blood transfusion service. Public House Laboratory Service which provides vital evidence on which our care of people with AIDS depends, is under threat of being dismantled. The Government is failing to use a priceless asset, the National Health Service. Six months after a major conference in the United States to show how to cope with AIDS, the NHS still waits for sound guidance and practical help from those who purport to run it.

David Dimbleby

Now Dr Jones made his point. Mr Fowler what do you think the Government should do, or what do you propose to do in the light of the widespread concern about AIDS, particularly among parents and schools to allay those fears if they be justifiably allayed.

Mr Fowler

Well, we have already done a great deal and I think if you don't mind me saying so Dr Jones has been unfair as far as explaining what the Government has done here. What the Chief Medical Officer has done in writing to eighty thousand doctors in this country, the guidance which has gone out that in no sense are we complacent and therefore the next stage that we will be, and I can say that we will be issuing guidance through the Department of Education, that guidance will come just as soon as we can put that together; and could I make another point, because Dr Jones mentioned the Public Health Laboratory Service there has been controversy over this. I think it was entirely right that we should have looked at that but again what I can say is that I have decided that we do not in any intend to change the organisation of the Public Health Laboratory Service. In other words, we do not intend to devolve the 52 outlying laboratories to the District Health Authorities. It will remain a single entity, a single service; and I hope by saying that I can reassure people who have been, and people in the profession, who have been concerned about this.

David Dimbleby

Is that because of the AIDS syndrome? Is that what made you change your mind?

Mr Fowler

No, what really happened was it wasn't a sort of cost-cutting exercise or any thing like this. It was an examination inside the Department which was done by some senior people in the DHSS to see if it could be run better and managed better. You see the laboratories are outlying laboratories, they are often attached to a local hospital and the question therefore was that being the case should they be run by the District Health Authorities? We thought, we looked at that; I've come to the conclusion that it is not sensible to change a service which I think is first class.

David Dimbleby

Does that go some way to meet your point?

Dr P Jones

Well, that's obviously good news, but it doesn't meet the point that the education of these children is now threatened by something which is quite unnecessary. Families are being deeply wounded by the suggestions that their children are infectious and can infect others which quite untrue. The Government has had the evidence which is needed to inform head teachers, to inform nurses, school nurses, community nurses and it has not done so. And I don't think it is good enough to say now that you are taking this evidence and going to put it together. You could have done that 3 days ago when Scantabout school report broke. And it didn't happen.

David Dimbleby

Do you know about AIDS itself to say with confidence that the children and the parents of children who are not haemophiliac have no need to worry? I mean obviously the worries are to do with blood in the playground or blood on the playing field, getting mixed in some sort of fight or falling over or any thing like that and the two bloods getting mixed together.

Dr P Jones

We know far more about AIDS than a lot of other diseases we deal with every day. And we know that this is a very uncontagious disease. It's only spread by sexual intercourse and by the mixing of blood, in other a transfusion of contaminated blood. Its terribly rare that's going to happen except in an haemophiliac population but we know enough to say that these children can go to school in a completely normal way. One of things that is terribly hurtful about this is that some of these children can be identified. Now that is against all medical ethics, its against the privacy on which so much counselling with these families and with other people who are at risk of AIDS depends.

David Dimbleby

Do you think that head-masters should not then, perhaps the Minister would answer from his point of view, do you think head-masters and local education authorities should or should not tell parents when there is a haemophiliac child who has got these antibodies in his blood in a school. I mean does the public and the parent have a right to know or should it be kept secret?

Mr Fowler

Well, I think in the particular case we are talking about the parents themselves came to the decision to make this public.

Dr Peter Jones

Then the head-master took the decision to tell all the parents and

David Dimbleby

Then the other cases reported today from Avon Education Authority in the press.

Mr Fowler

I think it is reasonable for assuring everyone that there should be information going to someone in authority in the school. I don't necessarily think that the next stage of that should be to make it public throughout school. We have tried to deal with that in the guidance we give, but could I underline David the point that rightly and I hope you know that there is nothing between us on this, the point that Dr Jones is making that there is absolutely no evidence that we have to suggest that a child of the kind we have seen is contagious; is going to be a risk to his fellow pupils. And indeed the evidence we get of those children living in their own family living with their relations, is again that there is no risk of anything taking place there. That is the message that we would like to get over.

David Dimbleby

One other point I would like to make that Dr Jones raised. Unused testing kits for blood donations, which started in America in May have still not started here and they are sitting on the shelves in the blood transfusion centre service.

Mr Fowler

No the testing will take place from the middle of next month. Why we didn't do it in May was on the advice of our medical advisers, including incidentally the Public Health Authorities

David Dimbleby

So blood transfusions presently being received by patients in hospital are not tested for the present antibodies.

Mr Fowler

But in future they will be tested. All will be tested. The test will take place, and that test will take place universally, from the beginning of next month.

Dr Peter Jones

Speaking as a physician who has to prescribe blood, I am now in a position where I can tell my haemophilic patients whether or not they are positive or negative for the test yet I cannot guarantee when I give a blood transfusion that it is positive or negative. I think that was a wrong decision taken here and it is putting people at an unnecessary risk.

Mr Fowler

The point, as you know, was the effectiveness of the screening test itself. and what we want to be sure of was that the screening test was an effective screening test.

David Dimbleby

It would in America.
Well, it didn't actually, that was the point, that it gave a measure.

Mr Fowler

Yes, but with respect, it wasn't as accurate as you are suggesting and that is precisely why we took some time to evaluate it.