

File: Harefield

MC/CHP

19 May 1988

Dr David Beresford
Medical Defence Union
3 Devonshire Place
LONDON W1N 2EA

Dear Dr Beresford

Following our telephone conversation and your helpful advice, I am writing with the relevant information on my saga with Mr Yacoub.

For a very long time, Mr. Yacoub has insisted on the use of "fresh, warm blood" for his difficult cardiac surgery operations. A large proportion of the operations performed by Mr Yacoub seem to be of a difficult and complicated nature and, in his opinion, when the patients bleed, the only form of effective therapy is the use of "fresh, warm blood". I have tried to convince him that there are alternatives to "fresh, warm blood" in these times of blood component therapy, but to no avail.

Only quite recently, Mr Yacoub's team was bleeding large numbers of donors at Harefield Hospital and was not complying with the routine pre-transfusion testing required by the National Blood Transfusion Service. He was bleeding donors and transfusing their blood within minutes of collection. Hence, all microbiological screening of blood donations was done retrospectively in the Pathology Laboratory at Harefield. The Haematologists at Harefield approached us for help since this practice was against her principles, and her laboratory was unable to cope with the increasing demands for testing imposed by Mr Yacoub's team. In view of this, I attended several meetings with Mr Yacoub, the General Manager at Harefield, the Anaesthetists and Dr Amin, the Consultant Haematologist at Harefield. I said that I would try to do everything within my means to supply screened and tested blood as fresh as possible for Mr Yacoub's difficult cases and that, whenever it was impossible for us to supply same-day blood, that had been screened and tested, one of the Consultants at this end would authorise the issue of same-day unscreened blood (i.e. not tested for HBsAg, anti-HIV and syphilis). The issue of unscreened blood could only be authorised by one of the 4 Consultants at this Centre. Although the issue of unscreened blood is totally against the good practice of Blood Transfusion Medicine and against my own principles,

/contd.....

I gave in in order to avoid the collection of blood by Mr Yacoub's team. I found that it was better to supply blood from established blood donors who had gone through our verbal screening procedure and who had answered a confidential questionnaire stating that they did not belong to a group at high risk of HIV infection. However, despite all our efforts, Mr Yacoub continued bleeding people at Harefield and requesting "Fresh, warm blood" more often than he had previously anticipated at our meetings.*

As you well know, the regulations on Product Liability have come into effect this year, and I felt that, because there was no good scientific basis for issuing untested blood, I should not continue issuing a product that I myself considered unsafe. This is the reason for my letter dated 4 May 1988 to Mr Yacoub.

You asked me to send you the guidelines or regulations regarding the necessary tests on blood donations before they are released from Transfusion Centres to hospitals. Unfortunately, there is very little in print on this matter, although all Transfusion Directors know very well that if we issue unscreened blood to patients, we might be liable in a Court of Law unless we were unable to supply an alternative blood component. All the regulations that I could find are in "Notes on Transfusion" and in a letter from the DHSS which I enclose. There is also a document written by the Council of Europe, and I enclose the relevant extracts. I am also enclosing previous correspondence with Mr Yacoub.

I would be grateful if you could advise me of my legal standing in this matter.

With best wishes,

Yours sincerely,

DR MARCELA CONTRERAS
Director

* Samples from such donations collected at Harefield are sent to us for retrospective routine microbiological testing (HBsAg, anti-HIV and TPHA) as you can see from the enclosed documentation.

Enc