



Tainted blood

Last week the government announced that it was to give money to haemophiliacs infected with the Aids virus after they were treated with contaminated blood products imported by the health service. JOHN DAVISON and MARGARETTE DRISCOLL report on the background to this sudden change of heart

AT 12.45pm on Thursday, a meeting gathered in a large fourth-floor office in Whitehall. Round an oval table, in front of a grand fireplace, Kenneth Clarke, the health secretary, and his officials faced those representing Britain's 1,200 haemophiliacs who have been infected with the Aids virus.

The mood was tense, but optimistic. For days there had been speculation about what the government would do in the face of a growing campaign over the haemophiliacs' plight. They were infected with the virus while being treated with contaminated factor VIII, the vital blood-clotting agent that was supposed to save their lives.

Their claim for compensation from the government had been consistently denied, leading more than 600 of those affected to sue for negligence. But the latest rumour had been that the government was about to bow to public pressure and pay out large, no-strings-attached sums in order to alleviate their suffering.

It quickly became apparent, however, that this was not the case. Clarke's mood was uncompromising. Money was to be made available, but it was not going to be as much as expected and it was to be given by a complicated method that left the haemophiliacs' representatives confused.

Clarke, sitting in his shirt-sleeves with a cigar in front of him, made it clear that this was not a subject for negotiation.

The government was still, he said, denying any liability for the situation, and had been advised that it would be foolish for those victims taking court action to continue. Objections were quickly dismissed, and the point was stressed that this money was not compensation, but an ex gratia payment in recognition of their unique position. The money was on the table, he said, and would be paid to the haemophiliacs whether they liked it or not.

When the announcement of the cash, amounting to £20,000 for each victim or the families of those who have already died, was later made to the House of Commons, the tone was different. Clarke talked of the government sharing "the universal sense of shock" at the haemophiliacs' position.

The statement was made in the form of a written answer, denying MPs the chance to question him. What details were given of the method of payment only served to heighten confusion.

That there had been some change of heart was undeniable. This move contrasted sharply with the statements of previous weeks, when the government had repeatedly refused to discuss the matter, saying it was "sub judice" and "a matter for the courts". Questions, however, were still being asked yesterday as to why this had suddenly happened.

One reason, perhaps, was a wish for the issue to go away. The continuation of the campaign, and its eventual resolution in the courts, is bound to lead to serious embarrassment — whatever the outcome. For what will be revealed is that the situation arose out of the delays and blunderings of successive governments.

THE HIV-infected haemophiliacs are not principally the victims of individual mistakes and oversights, although these undoubtedly took place, but of official indolence and an attitude that placed them low on the list of political priorities.

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They were failed not so much by those charged with their care, but by a whole system of blood collection and processing that had become obsolete and fraught with petty, sectionalised quarrels.

The victims were almost all infected by imported American factor VIII in the early 1980s. Self-sufficiency in factor VIII had been official government policy since 1975, but the target had never been reached, and as a result Britain was heavily reliant on these imported products. The tragic fact is that, had action been taken as promised, the Aids epidemic among Britain's haemophiliacs would have been avoided.

From the early 1970s, the new American factor VIII

"concentrates" were increasingly used for the treatment of British haemophiliacs. They were regarded as a revolutionary breakthrough, allowing haemophiliacs to treat themselves at home and for the first time to lead near-normal lives.

However, with their increased use grew warnings and concerns about their safety. In America blood was routinely bought, whereas Britain has always relied on a system of voluntary donation, and repeated studies during this period showed that donors of this commercially collected blood were many times more likely to carry blood infections than those who gave it freely.

Commercial blood was sometimes collected in extremely dubious circumstances. Plasma was bought at \$8 a pint, with scant checks on donors. Blood banks attracted those who were most desperate for money: derelicts, alcoholics and drug addicts. Prisoners in some states were given remission of up to five days off their sentences for every pint donated.

The initial concern centred on outbreaks of hepatitis among haemophiliacs treated with commercial factor VIII. But failure to react to this meant that when Aids struck, blood

products were still prone to infection, although experts had earlier suspected that unknown viruses might be carried in the blood supply.

"Every medical student was being taught at this time that blood, as well as a life-saver, was also a possible sewer for infection," says Professor Paul Griffiths, professor of virology at the Royal Free hospital medical school in London.

A pioneer campaigner against commercial blood in America was Dr J Garrott Allen, who found as long ago as 1958 that those who had received an inducement to give blood — either money, or a drink, or time off from work — were 10 times more likely to be carriers of hepatitis. But his findings

were successfully ignored by the blood industry there, anxious to avoid expensive testing techniques.

He was also ignored in Britain, when in 1974 he twice wrote to Dr William Maycock, then a senior adviser to the Department of Health on blood transfusion policy, outlining his fears. Maycock's view was that the material was "controlled" both in Britain and America. Nothing was done.

The cause was, however, taken up by the World Health Organisation, which in 1975 recommended that all countries should move towards self-sufficiency, "being aware of the higher risk of transmitting diseases when blood products have been obtained from paid rather than from voluntary donors".

It was also taken up in 1975 by Dr David Owen, then the minister for health. He was horrified at the "ghastly mess" the system was in and decided that Britain must become self-sufficient in factor VIII. He announced an immediate £500,000 for expansion of the Blood Products Laboratory and promised in parliament that Britain would be self-sufficient in blood products "within two years". But as demand for blood products continued to rise, the money proved inadequate, the policy was not followed through, and self-sufficiency was never achieved.

Owen assumes that once he left office, blood went back to the bottom of the political

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agenda. "I had a hell of a difficulty getting the capital sum in the first place. There was a very strange reluctance to move and I think that the department resented the fact that I had foisted this upon them and as soon as they could pulled back. Something went seriously wrong."

His experience was mirrored by that of other campaigners for self-sufficiency in the 1970s. Throughout this period there was a government advisory panel on the blood transfusion service, consisting of 11 experts. Former members say they pushed regularly for the realisation of this policy, but that their advice disappeared into the fog of Whitehall. The full story of what really happened then, and what policy decisions were made, will only be known when the government files are opened as part of the court action.

At the same time, the matter was brought up at every meeting of the country's haemophilia centre directors, as the deadline for self-sufficiency successively receded. All of these were attended by a Department of Health official.

Dr Rosemary Biggs, a leader in the treatment of haemophiliacs through the 1960s and 1970s and founder of the centre directors' group, said her dealings with the DHSS were "like walking through treacle".

Another senior haematologist, who does not wish to be named, tells of this confrontation with a DHSS official: "I was told quite simply that the priority given to any issue was closely related to the number of parliamentary questions asked about it. He indicated that, on this issue, there had been very few."

The whole, sad scenario can best be illustrated by the case of the Blood Products Laboratory (BPL) at Elstree — the place where most NHS blood products are produced. This was the vehicle through which self-sufficiency was supposed to be achieved, yet it was housed in a series of dilapidated, run-down post-war units, totally unsuitable for modern production techniques.

While the calls for self-sufficiency continued, the plant struggled on, increasing production considerably with ad-hoc injections of cash, but with its problems and inefficiencies hidden behind the protection of crown immunity. The plant was not subject to the same checks as a commercial drug facility, and its products did not, and still do not, require any licence.

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The fact that Owen thought that, in 1975, £1/2m could solve the centre's problems is seen by some experts as a measure of the bad advice ministers were receiving. What was needed was a complete overhaul of facilities and a new centre.

This only happened after inspectors from the Committee of Safety of Medicines gained access to the plant in 1979 and wrote a damning report on its inadequacies. A World in Action documentary in 1980 reported that the inspectors had criticised everything from overcrowding to leaking roofs, dirty equipment, contamination by mould and unfiltered air, dirty drains, dust traps and cracked plaster and paint.

A leading chemical engineer brought in as an adviser to the Department of Health reported that "the inspection by the medicines division shows that the Elstree plant is unsafe for production by present standards. It would be shut down were it not for crown privilege... a new facility is essential".

AFTER the report, the government turned to Britain's pharmaceutical industry for help, but no company was prepared to take it on. A new authority to manage it, the Central Blood Products Laboratory Authority, was set up; work on a new centre began in 1984 and was completed in 1986. Throughout this period, new targets for self-sufficiency were continually set and reset, but the objectives have still not been achieved.

But criticism of the BPL and the National Blood Transfusion Service did not end there. In 1987 Professor John Cash, director of the Scottish Blood Transfusion Service, made an unprecedented attack on the whole organisation of blood collection and processing in England and Wales, which he called a "fragmented and disorganised shambles". In a leading article in the British Medical Journal he urged that a single unitary authority be set up.

While widely attacked at the time, Cash's views were largely backed by another confidential government report published that year, which also criticised the lack of co-ordination between the BPL and the transfusion service, and included the creation of a single system among its list of possible solutions.

The record of the DHSS throughout this whole period is defended by Dr Edmund Harris, its deputy chief medical officer until his retirement earlier this year. The failure to achieve self-sufficiency, while regrettable, he says, was due to constant changes in technology.

He denies there was any lack of political will. "The department was at no time opposed to self-sufficiency - far from it," he says. "As far as I am concerned it did its best to try to increase the supply of British factor VIII to meet demand."

But Owen is convinced that more could and should have been done. "Anyone could have worked out the projected rise in the use of factor VIII," he says. "Not to have been prepared for it is unforgivable."

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