

Headquarters

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Mr J M Swatman

GRO-C

3 July 1996

Dear Mr Swatman

Thank you for your letter of 26 June to the Health Minister, Mr Horam, about those patients with haemophilia who have been infected with hepatitis C. I have been asked to reply.

As Ministers have consistently stated, for example in the adjournment debates in the House of Commons in July and December 1995, the Government has great sympathy with those patients who may have become infected with hepatitis C through blood transfusions or blood products. Factor VIII brought many advantages to people with haemophilia; it greatly increased life expectancy as well as improving the quality of life. However, medical procedures rarely come without risk and these are not always fully known or capable of being guarded against at the time. Most haemophilia patients were infected with hepatitis C before blood products were treated to destroy viruses. Those patients received the best treatment available in the light of medical knowledge at the time.

The Government does not accept that there has been negligence and they have no plans at present to make payments to such patients. On the more general issue of compensation, the Government has never accepted the case for a no fault scheme of compensation for medical accidents. It is unfair to others and still requires proof of causation which is often difficult to establish. Each individual case where a medical accident has occurred is a personal tragedy for both the individual concerned and their family. If the NHS is proved negligent in a court, it accepts its liability to pay damages.

In the case of patients inadvertently infected with the HIV virus, the decision to make payments to those affected, and to establish a hardship fund, was taken in the light of their very special circumstances. Those affected were all expected to die very quickly and were subject to significant social problems, particularly ostracism. Hepatitis C is different from HIV. Many people infected with hepatitis C may live for a long period without any symptoms occurring and only a very small proportion are expected to die from the disease.

The Government is always ready to listen to further evidence, but at present, it is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition. Only in this way can the impact of the disease on individual patients and their families be effectively minimised.

One example of this is that the Department of Health is supporting the Haemophilia Society studies into the best way to support its members who are infected with hepatitis C. It made available £91,000 in 1995/96, with a commitment to further funding in 1996/97 and 1997/98 for this purpose.

Yours sincerely

GRO-C

Leonard Levy