



→ Mike McGovern. 11/5/98

Dr G. Winy.
Director He:
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This came to me ^{today} with no
info./request. I don't know whether
its for you re: MSBT or for Rachel
Amundale as the policy lead. I am
happy to discuss/advice on factual aspects
ii) + iii) as necessary.

GRO-C

Dear Dr Winyard,

Copy: Rachel

Regarding the advice to NHS Trust Medical Directors, about New Variant CJD -
Patients Who Have Received Implicated Blood Products.

This indicates that there is **no need to inform patients** because-

- i) it is thought unlikely that nvCJD will be transmitted in this way.
- ii) there is no diagnostic test for nvCJD.
- iii) even if a test were available, there is no preventive treatment that could be offered.

If this disease is communicable in this manner there are implications to not divulging the information of
this potentially life threatening hazard.

- i) They would not be aware that they should not donate blood products or organs therefore
secondary transmission could occur. Transplant co-ordinators are advised to consider and exclude as
potential donors any patient KNOWN to be suffering from nvCJD
- ii) It may be questionable regarding sexual transmission
- iii) What is the possibility of transmission to a foetus in utero.
- iv) If no information is communicated to the at risk person, there would be inadequate medical
support, if the GP is unaware of the risk of nvCJD developing in this specific individual

I feel that the ethical issues are not as crystal clear as have been presented in this instance.
I would look forward to some consideration on the above issues.

Yours sincerely

GRO-C

Jan Hadingham
Senior Transplant Co-ordinator



Awarded for
Renal Services



Awarded for
Liver Services