Professor Lindsey Davies
Regional Director of Public Health
Directorate of Health & Social Care, East Midlands
The Belgrave Centre
Stanley Place
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22 June 2004

Dear Lindsey

In August 2003 I wrote to the Chair of the Nuffield Council on Bioethics to see if they could provide an ethical opinion on some of the strategies then proposed to mitigate the risk of acquiring vCJD from blood transfusion. For ease of reference and to avoid repetition I enclose a copy of my original letter.

At present the NBS does not have access to a central ethical committee when it needs an opinion on some of the difficult issues it has to face. There are likely to be more decisions in the future that may have to be made with regard to improving blood safety for the vulnerable minority, which would then marginally increase the risk to the majority.

The particular issue in question at the time I first wrote to the Nuffield Council was whether or not to consider developing accredited panels to protect previously unexposed individuals, i.e. infants and children born since January 1996 and therefore not previously exposed to the BSE contaminated food chain. Granted we have more or less addressed this issue by importing FFP for this vulnerable group and by having now implemented the deferral of previously transfused donors the requirement for an accredit panel of donors is not so relevant. However, we still feel there is a need for a central ethical committee where the NBS can refer the complex donor/patient issues that arise from time to time. Dr Sandy Thomas, the Director of the Nuffield Council on Bioethics, did respond to say that although they recognised the importance of the issues raised it was not possible for the Council to undertake this specific study. However, he did recommend that the best way forward might be for the NBS to convene its own expert working group to try and provide the guidance needed.

The NBS has sought on more than one occasion to reach agreement on the requirement for a central ethical committee, one which could provide a service for all four UK Blood Services, but has consistently failed to gain DH approval for such an initiative. However, Dr Sandy Thomas did verbally offer a suggestion, which I would like you to give serious consideration: he pointed out that the CJD Clinical Incident Panel, as currently constituted, contained the ethical and scientific expertise to be able to consider most of the complex patient/donor ethical issues that the Blood Services face both now and in the future.

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His suggestion, therefore, was to possibly extend the terms of reference of the CJD Incidents Panel to enable them to consider ethical dilemmas raised by the Blood Services, particularly if they relate to CJD decisions.

This seemed like a sensible approach and I would be most grateful if you would consider this proposal and let me know your view in due course.

Many thanks

Yours sincerely

GRO-C

Dr E Angela E Robinson
Medical Director

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