

# The Infected Blood Inquiry weekly summary

The  
Haemophilia  
Society

*A summary of inquiry hearings: 17-20 January, 2022*

The first hearings of 2022 looked at policy and practice in UK blood transfusion services. Dr Roger Moore was employed by the Department of Health and Social Security and worked in the areas of haemophilia and blood transfusion from 1985-1992. Dr Moore described how 'optimistic' estimates about factor VIII yield

from the new facilities at BPL Elstree in 1988, coupled with an error in weighing plasma, resulted in a shortfall. Dr Jack Gillon, consultant haematologist at South East Scotland Blood Transfusion Service, said the atmosphere of 'near hysteria' around AIDS in Edinburgh in 1984 led to a 'disrespectful' approach to

donors thought to be at-risk of HIV. He called for 'complete honesty' from staff with donors. Dr Vanessa Martlew, director of Mersey and North Wales RTC, was 'bitterly disappointed' when hepatitis B core antigen testing was abandoned in 1993. She helped boost plasma collection and praised the commitment of regular donors.

*Inquiry focus: The men who changed government policy*

The 'extraordinarily moving' experiences of three young men with haemophilia who were infected with HIV overturned government opposition to financial support, the inquiry was told. Dr Roger Moore, who worked for the Department for Health and Social Security, described an 'incredible' meeting in November 1987 between a delegation from the Haemophilia Society and Health Secretary John Moore, who was against the idea of compensation. But after being moved to tears by the men's stories, Mr Moore was 'adamant' that something had to be done. Dr Moore (no relation) told the inquiry: 'What struck us was that these were people who had a right to be angry and they weren't. They were only concerned about the families they would leave behind.' From this, money was ring-fenced and the Macfarlane Trust was formed a year later, with an initial £10m.

*Quotes of the week*

'Their position...has attracted great sympathy, in particular because of the perceived stigma of the disease... The equally sad fact that a number of haemophiliacs will undoubtedly die of chronic hepatitis as a result of non-A non-B infection has not been recognised publicly.' Dr Alison Smithies, DHSS adviser, 1987.

'The Haemophilia Society delegation left, and we sat round and it wasn't a question of whether we do anything, it was, what can we do? What actually can we do? And I've never really seen any meeting that's kind of changed direction so quickly or to such great effect as that.' Dr Roger Moore on a DHSS meeting with THS in 1987.

'When we administer the transplant that a blood transfusion really is, we must accept a continuing responsibility for the medical consequences of that intervention without limit of time.' Dr Jack Gillon, June 1999

'I believe that in challenging and, at times, quite overwhelming circumstances, the professionals involved in their care acted for the most part... in good faith. Where we collectively and individually let our patients down, I am truly and deeply sorry.' Dr Vanessa Martlew